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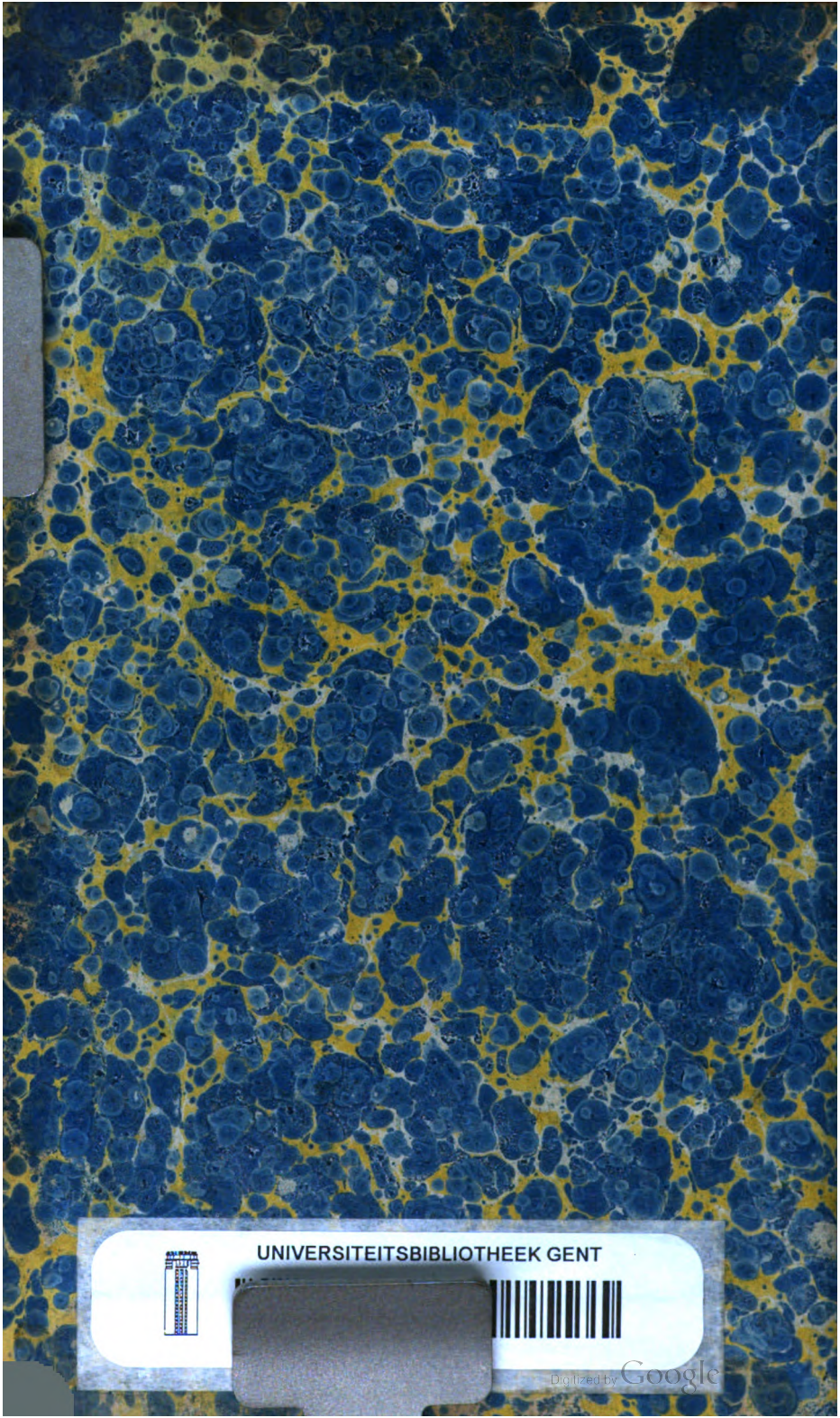
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THE

MEDICAL

AND

PHYSICAL

JOURNAL.

CONDUCTED BY

T. BRADLEY, M.D.

R. BATTY, M.D.

AND

A. A. NOEHDEN, M.D.

VOL. XIII.

FROM JANUARY TO JUNE, 1805.

LONDON:

PRINTED FOR RICHARD PHILLIPS, NO. 6, BRIDGE-STREET, BLACKFRIARS.

[By William Thorne, Red Lion Court, FleetStreet.]

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[Entered at Stationers Hall.]

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THE

Medical and Physical Journal.

VOL. XIII.] JANUARY 1, 1805. [NO. LXXI.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

To Dr. BRADLEY.

DEAR SIR,

DURING my late retirement at New Galloway, your Numbers arrived so slowly, and so irregularly, that I was not aware till my return to London of the notice with which two of your Correspondents had honoured me.

To Dr. Walker's remarks I have but little to say, as we seem not perfectly to understand each other. "If, says that gentleman, vaccine lymph can, under any circumstances, produce a general eruption: in such departure from its original character we have, perhaps, one first step of vacciola to its degenerated state of variola." By this are we to understand, that any doubt can remain that the vaccine inoculation is sometimes attended with a general or secondary eruption? Does any one doubt the cases related by so many experienced practitioners in England, and in other parts of Europe? Lastly, do they doubt, quod *ipse dixit?* Does not Dr. Jenner speak of eruptions succeeding the vaccine inoculation, under certain circumstances?

Dr. Walker afterwards remarks, that he has never noticed those varieties pointed out by me. This is very probable; but it should be remembered, that no one but Norris ever remarked the suspension of inoculation for small-pox by the Harmattan wind.

Dr. Walker suspects my conclusion, "that the eruptions in question arose from cow-pock matter, may, after all, have no better foundation than mere hypothesis." On this occasion I am satisfied to stand on the same ground as Dr. Woodville, who, as well as myself, inoculated with secondary vesicles, and produced the genuine cow-pox.

I am extremely glad to be set to rights in the last paragraph of this communication, and to find not only that the Jennerian Society have established a centre of com-

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munication for receiving information on the subject of cow-pox, but also that their letters are post free. I cannot however help being surprised that this indulgence has not been extended to Dr. Jenner. The number of communications received by that gentleman must be still very considerable, because many people, like myself, will be ignorant of the committee and its privileges.

Mr. Ring's, as well as Dr. Walker's, exordium consists of a compliment. It is pleasing to see this urbanity among men who differ in opinion, and, indeed, who are scarcely known to each other but by this difference. It is very true, Mr. Ring, when we met previous to my journey into Scotland, mentioned not only his doubts relative to the vaccine eruptions which occurred in Madeira, but also his suspicions that they were variolous. I shall at present only observe, that of between twenty and thirty children, who had intercourse with the patients, none were casually infected, though all of them, when inoculated in classes, had the genuine cow-pox without secondary eruptions.

Mr. Ring remarks, that he has seen many such eruptions, but never saw any that resembled vaccine pustules. If by this is meant a resemblance to the inoculated part, we perfectly agree. But, adds Mr. Ring, *matter* taken from them has produced the chicken-pox. This is definitive as to this part of the controversy; the vesicles I speak of contained no *matter*, only a transparent lymph.

Mr. Ring's concluding remarks are most of them very just. Anonymous publications on a subject so important to human life and the tranquillity of thousands, should be considered as firebrands thrown at random, and should be instantly, and without inquiry, stifled. But communications from men of character, however imperfect, should be always attended to. We not only inform others by receiving and answering them, but we improve our own stock of knowledge, and by degrees shall learn an accuracy of discrimination which is still unattained. Add to this, the alarm is much lessened, when a subject is candidly heard, and the relater treated like a reasonable being, than when he is rudely contradicted or undervalued. Let us attend to the manner in which Mr. Cardan, of Worcester, treated a family who were prepared to calumniate him, and alarm a whole neighbourhood. A child, whom he had inoculated for cow-pox, had afterwards the small-pox. Whether there had been any irregularity in the first insertion would have been a very unimportant inquiry to the mother. This judicious practitioner therefore, without hesitation, admit-

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ted the fact; observing, that the same thing sometimes, tho' rarely, happened in the small-pox after inoculation, or even when received in the casual way; that such an event was not to be generally expected, because the small-pox was rife through the neighbourhood, and few escaped who had not been inoculated with cow-pox; yet of the latter, this child alone had taken the disease. If, however, the neighbourhood were still alarmed, Mr. Cardan expressed his intention of being among them on the following day, when he should inoculate with small-pox all such as wished for it, and that all of them might have an opportunity of exposing themselves and their children to the effluvia of that disease. This fair proposal, joined to the conciliating manner in which it was made, quieted every suspicion; few gave themselves the trouble to inoculate, all exposed themselves without reserve, and all remained free from any variolous symptoms.

I shall now offer a few remarks on a very valuable paper by Dr. Macdonald, in answer to Mr. Goldson's pamphlet. It is most sincerely to be wished, that in all our controversies we could learn to give our antagonist credit for all the good intentions he professes. A very slight knowledge of the world will teach us, that this is the readiest way to convince him. If our wish is to convince the world, we should recollect that the *argumentum ad hominem* never fails to tell as much on one side as the other. If the favourers of vaccination should be ready to admit some of those motives, suspected by Dr. Macdonald, its enemies will think still worse of a cause which requires such insinuations to support it.

It is not my intention to go through the various statements and arguments with which this communication abounds. I am as well convinced as the author, that most if not all of Mr. Goldson's cases were attended with some irregularity, or some defect of evidence, which renders them unfit to form any decisive conclusion; but we should recollect that this very defect or acknowledged irregularity reflects the highest honour on Mr. Goldson. The following passage from Dr. Macdonald is transcribed, in order to shew his description of small-pox, and to draw what appears to me a fair conclusion from his inference.

"As these (Mr. Goldson's) cases never maturated, they never could have passed through their regular stages, so well marked in the small-pox, even in its mildest form. About the third or fourth day, eruptions make their ap-

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pearance; first, in the form of small red spots, hardly elevated. These gradually increase in size, and after two or three days more, form a small vesicle, which is surrounded by a circular inflamed margin, and contains a clear, limpid fluid. For the three or four succeeding days the pustules become larger, more elevated, and acquire their proper figure and size. At the end of this period, the clear limpid fluid contained in the vesicle is changed into a purulent matter, which is formed into a crust on its surface; and, lastly, after some time, these crusts fall off, and leave reddish brown spots on the skin below. Had any of Mr. Goldson's cases gone through such a regular course as this, I believe he would have done so much justice to his own cause, as not to have omitted that circumstance."—See Dr. Macdonald's paper, p. 321.

Can we have a stronger proof of Mr. Goldson's veracity, than that, when he was anxious to discredit vaccination, he should strain none of his evidence so far as to describe "that regular course," which must have silenced every objection? On the contrary, we find him describing no other course of symptoms than such as Dr. Macdonald sees no difficulty in proving, could not be variolous. I am aware it will be said, that though Mr. Goldson's facts are not decisive to the purpose for which he states them; yet, that he takes much pains to make them appear so. To this I answer, that we are by no means aware how much we are all warped by our own preconceptions, and that the utmost we can expect of each other is to confine ourselves to truth. Mr. Ring tells me, in "the paper above alluded to, that I shall not call Dr. Willan a zealot." To this I answer, that I call myself one; and the ardour with which Dr. Willan has pursued his inquiries, seems to entitle him to that epithet. It is this consciousness of zeal in ourselves that should induce us to make large allowances for each other's failings, and, like Mr. Goldson, to be particularly cautious in the statement of our facts, though they should be insufficient to insure those inferences we may wish to draw.

We shall however presently find, that Dr. Macdonald's description of small-pox is not always to be depended on. "But, (says he, p. 323) independent of this, the number of pustules and their duration by no means prove that it was the small-pox; I have frequently witnessed cases of varicella, where the pustules were as numerous, lasted as long, and left marks behind like the small-pox. Lest my authority should be deemed insufficient, I shall quote that of an abler

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abler judge. Mr. Ring, in his Treatise on Cow-pox, p. 829, mentions, that many people have seen the chicken-pox in some measure confluent, and that he himself has known a considerable number leave a cicatrix behind. In p. 895, he mentions the case of a child, in which the eruption was not complete until the tenth day; and the last vesicle did not disappear till the fourteenth." After this follow a number of instances, in which impostor drug-shop sweepers and respectable practitioners have deceived others, or been deceived themselves, not only in our own days, but in the days of older authors. "Both Cullen and Heberden, it is added, maintain, that *medical men* were often deceived by the chicken-pox, from its assuming the appearance of the small-pox." This subject occupies three or four pages, at the end of which, Dr. Macdonald, expressing a due deference to superior judgment, confesses himself sceptically inclined when cases are related of persons having small-pox twice, adding, that this opinion is not new any more than the uncertain discrimination between the chicken and small-pox.

That such doubts, and such uncertainties, should have existed formerly, is not very wonderful; but that, in the present day, we should be inquiring after a never-failing character of the small-pox, is not less surprising to me than if, at noon, we should be inquiring for the sun, when the sky is unclouded.

We have been anciently reminded, that we are of more value than the herb of the field, which to day is, and to morrow is cast into the oven. Were I to doubt such a position, who would not be justly offended? But I will be bold to say, that Botany is pursued with an ardor, and cultivated with an accuracy, to which Physiology, or rather Pathology, is a stranger. How well do I recollect the eagerness with which a botanist has searched for the nectarium attached to the bottom of the petal, in order to fix the genus Ranunculus. With what triumph have I seen a zealous disciple of Linnæus demonstrate to an Hudsonian this unequivocal character in what the latter called Ficaria verna. Each party had his never-failing marks to exhibit; to these each could appeal: and if they were neither disposed to be convinced, neither could dispute the evidence of his senses. Will it be believed, that in discriminating the small-pox we have marks as regular, as certain, as constant, and as unequivocal, to distinguish it from every other eruption, as the nectarium which characterizes the genus ranunculus? Will it be believed that this mark has

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never been sought for, nor hinted at, in all the controversy that the important discovery of cow-pox has introduced?

In one of the volumes of the Philosophical Transactions, Mr. Hunter gives a case of small-pox in a child at its birth. To ascertain whether the disease was really small-pox, he dissected several of the pustules, and in each of them found the slough which lines the bottom of the pustules, and in some instances forms the future pitting. This, he assures us, is the true character of the small-pox, being constant in every pustule. The chicken-pox, on the contrary, is free from this appearance, the bottom never sloughing excepting in a few pustules where inflammation is particularly high. It is true, the Philosophical Transactions are not in every library, but when engaged in controversy, it becomes us to examine every source of information. Mr. Hunter has also mentioned this slough in the Introduction to his Treatise on the Blood, observing, that how slight soever the inflammation may be, it always induces slough. I should not have presumed to mention my own name after Mr. Hunter had been passed by, had it not been that some of the gentlemen alluded to, have done me the honour to quote me. In "Morbid Poisons" I have taken great care to describe this slough, when speaking of small-pox; and in the paper which Mr. Ring quotes from your Journal of April, 1803, I remarked, that my first business, after viewing my eruptive cases, was to search for the slough,*

Before I described this slough in 'Morbid Poisons,' not thinking it sufficient to avail myself of Mr. Hunter's name, however respectable, it was my business to search for it, and afterwards to demonstrate it to the two apothecaries then resident at the Small-pox Hospital. I pointed it out to Mr. Pitcairn, at that time my pupil; and have lately induced Mr. King, of Clifton, to search for it, which he did to his own satisfaction.

In a letter to Dr. Clutterbuck, inserted in one of your Journals, the attention of the reader was particularly called to the slough; yet, though these controversies have continued for more than two years since that time, no writer has taken the trouble to dissect a pustule, or to avail himself of this only distinguishing characteristic of the disease. I should

* I wish it to be remarked, that this, and every other quotation excepting from your Journal, No. 68, is from memory, having at present no means of referring to my library.

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should be ashamed of again reverting to the subject, were it not that the acknowledged want of any other certain diagnosis of small-pox renders it absolutely necessary. Let me therefore conclude with entreating, that whenever any future doubts are entertained of this disease, those who are disposed to write on the subject will dissect the pustules about the time they become purulent, before they scab; and at the bottom of each will be found a loose slough of a circular form, about the thickness of writing paper, which it resembles when soaked. If this is found, the disease is small-pox; if it is not found, the disease is not small-pox.

I am, &c,

London, Nov. 20, 1804. JOSEPH ADAMS.

Observations on select Subjects in Surgery.

By Mr. Simmons.

(Continued from Vol. x. pp. 1—10.)

In your Number for March (p. 210) are contained some judicious remarks by your very respectable Correspondent, Mr Hey, of Leeds, relative to the disease which he has denominated 'Fungus Hæmatodes,' in reply to my observations on a case inserted in your Number for July preceding. That case I had assumed as a more simple specimen of the 'Fungus Hæmatodes;' and from it had hoped to deduce, as far as a single case would go, a satisfactory pathology of the more intricate forms of that disease. Mr. Hey, however, is of a different opinion; so that rather than again enter, perhaps prematurely, on the subject, I shall wait the result of more ample experience. Meanwhile I may be permitted to observe, that, if my opinions are erroneous, instead of one, chirurgical nosology will be enriched by the accession of three new diseases; namely, the 'uncommon disease,' of Mr. Russell; the 'spongoid inflammation,' of Mr. Burns; and the 'Fungus Hæmatodes,' of Mr. Hey. The latter gentleman (p. 213) is indeed of opinion, that the 'spongoid inflammation,' and fungus hæmatodes,' are *one* and the same disease, although it may probably be thought by some, that his own brief mention of those two diseases, in the paper I am quoting, has disproved their identity. The contiguous lymphatic glands, and through these the system at

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large, become contaminated, in the 'spongoid inflammation,' a consequence unknown in the 'fungus hæmatodes;' yet we all know that an ulcerated surface is most favourable to absorption. Were this distinction unimportant in practice, I should be less disposed to insist upon it here; but its influence over the curative means is very decisive. In the 'fungus hæmatodes' complete success may be expected, at any period of the disease, by the entire removal of the local affection; but in the 'spongoid inflammation,' after signs of absorption are manifested, any operation is unavailing. In this peculiarity it is analogous to cancer and other morbid poisons.

I join with the profession in general, in expressing my obligations to Mr. Hey for the very valuable present of his publication, and particularly for his renewed attention to the subject before me. If at any time I should dissent in opinion from so respectable an authority, it will always be done in distrust of my own judgment, and with an earnest desire to profit by his judicious corrections.

On Tinea Capitis.

This is a loathsome and obstinate disease. It is confined to no sex nor age, though most common at an early period; yet, in some rare instances, it is of permanent duration, and continues through life. To acquire a remedy for an inveterate disease, is at all times desirable; and to be able to subdue one of a nature so intractable, is an object greatly to be wished; yet the several means that have been recommended in tinea capitis, are not only both harsh and offensive, as an enumeration of them (which would be superfluous here) would amply testify; but they are far from being speedily or durably effectual.

It is enough, for my present purpose, to propose a method of treating it, not only free from these several objections, but in itself simple, mild, and unattended with pain in its application, and at the same time generally efficacious. I should have felt a delicacy in thus announcing any intimation of my own; but the facts on which I offer this proposal, are furnished me by my colleague, Mr. Bill. His remedy is scarcely any other than strips of adhesive plaster, so applied over the crusts as to make an equable compression, except in very bad cases, where other means are used in addition to it. But as he has favoured me with his ideas on the subject, I shall take the liberty to subjoin them, as conveyed in his own words.

"If the case be a mild one, I direct the head to be cleared

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cleared of the hair, either with a pair of scissars, or by shaving it, and then well washed with chamomile tea, in which some soft soap has been dissolved. This done, I apply strips of Baynton's plaster over the whole head, so as to form a complete cap. The strips should be about fourteen inches long, and an inch and a half broad, and laid on in such a manner as to make an equal compression over the whole scalp. This application should be renewed every third or fourth day, each time previously washing and shaving the head. Whilst the patient is under cure, I commonly prescribe, if the subject be a child, five or six grains of the hydrargyri cum sulphure, either alone, or mixed with a little rhubarb.

" Provided the case be a bad one, of long standing, and such as has resisted the remedies usually employed, I have recourse to a more complicated mode of treating the disease, which, hitherto, has not disappointed my expectations. In the first place, I order as much of the hair to be cut off with scissars, as can be done without exciting severe pain; then I direct a large emollient poultice to be applied night and morning for a day or two: then the head to be shaved, and washed with the solution of soft soap in chamomile tea, and afterwards rubbed with an ointment composed of equal parts of the saturnine and mercurial nitrated ointments.

" These applications, the poultice excepted, I repeat every night and morning, for a few days; then I employ Baynton's strips, as before directed. In cases that are very inveterate, the ointment may be rubbed on the head previous to each application of the plasters, though I believe it is not always necessary. During the time these applications are making, I usually direct the patient to take of Plummer's pill, and of the decoction of the woods, with antimonial wine, and sweet spirit of nitre, enjoining at the same time a milk and vegetable diet.

" By persisting regularly in this plan of treatment, I have effected a cure in some bad cases in less than a month. However, I am by no means so sanguine as to expect that this nasty disorder will, in every instance, yield to these remedies; or that the disease so subdued will never relapse again; but I am confident that the method which I have pointed out, will, if properly pursued, generally succeed.

" In a great variety of cases I apprehend that nothing more will be necessary to obtain a cure, than a judicious application of the plasters, with a suitable diet, attention to cleanliness, and the state of the bowels. Yet, after

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after all, I would not have the plaster-bandage considered in any other light, than as a useful auxiliary in the cure of a troublesome complaint."

Mr. B. was led, as he informs me, by an easy transition, to the employment of the plaster bandage in tinea capitis, from his success with it in ulcers, and herpetic affections on the leg; and the justness of the analogy is confirmed by the most satisfactory result. As he has not himself indulged in any speculations in what manner the salutary effects are produced, I will here hazard a few thoughts on the subject.

If we consider the tinea capitis as a disease of local debility, (and in several of Mr. B's cases it was cured by the bandage alone, without the aid of internal remedies) the principle that governs the plaster bandage in the treatment of ulcers on the legs will, in the present instance, very closely apply. In this view I should be disposed to ascribe its active virtue to the mechanical principle of supplying tone, an early symptom of which is a good suppuration under the crusts; and this always indicates invigorated action, and a disposition to heal. Soon after the appearance of this favourable change, the crusts are cast off in quick succession, cicatrization is promoted, and finally this unmanageable disorder is both easily and speedily removed.

[To be continued.]

On the Puncture of the Urinary Bladder, by Mr. T. L. O. Davies.

I Was requested, on Sunday the 17th of June last, by a brother practitioner, to visit John Morley, a boy of about eleven years of age, who on the preceding Thursday had received a very considerable contusion on the perinæum, owing to his falling across some pales he was endeavouring to walk on.

The boy had passed no urine since the accident happened, and he was in the greatest agony, suffering from the over distension of the bladder. The perinæum, scrotum, and parts about, were exceedingly tense and swelled, and the cellular membrane so much loaded with extravasated blood, as to resemble in appearance, gangrene. Every thing that art could suggest had, I believe, been tried by the gentleman that first attended him. He had been

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been bled, and his bowels thoroughly evacuated. Fomentations had been applied, and the warm bath also repeatedly used. The catheter had been several times attempted, but neither that nor the smallest bougie could be introduced. The case proving thus obstinate, (the pain increasing rapidly, indeed it was now excruciating, not a drop of urine having passed for at least seventy-two hours, and the bladder so amazingly tense and swelled, and extended nearly up to the scrobiculus cordis,) it appeared to me, no time was to be lost to endeavour to save the life of the child. I therefore recommended the puncture of the bladder immediately, but in what part became a matter of momentary deliberation. Surgeons are still divided in opinion, I believe, which is the safest and most advantageous way of getting into the bladder. In this case, the inflammation and tension of the parts absolutely forbid the puncture through the perinæum; and though the puncture through the rectum may possibly be, by the greater number, considered as the most eligible way, yet here I strenuously recommended the puncture above the pubis, as being more easily and readily performed, and less likely from its distance to the injured part, to increase the inflammation already formed.

Accordingly, a trocar, with a canula exactly two inches in length, was plunged into the bladder, nearly or about one inch and a half above the pubis, and two quarts or more of urine were immediately drawn off. The child experienced immediate relief; he was put into bed; the canula was suffered to remain in, having a cork fitted to it; and some holes having previously been drilled in the upper part, or shoulder, it was kept steady in its place by some tapes affixed to it, and fastened round the body, having a compress of linen and a T bandage over the whole. The child slept well the following night; in the morning the cork was taken out, and the water drawn off. By attention to regimen, and the child's bowels, no great degree of fever ensued, neither any tension or inflammation about the punctured part. The fomentation was continued to the perinæum and scrotum, and those parts were constantly covered with a poultice of bread and milk, by which means the extravasated blood in the cellular membrane became gradually absorbed. Not being in the habit of attending the patient regularly myself, I could not accurately note every symptom that occurred; but about the seventh day from the accident, we felt a fluctuation of matter in the perinæum, and I understood the boy

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boy had had more pain there for the last two or three days. A puncture with the lancet was therefore immediately made, and a large quantity of ichorous matter let out. The wound was superficially dressed. The urine had been, and was still, daily twice or thrice drawn off through the canula, and a bougie also attempted to be introduced. About the twelfth day from the accident, we discovered that the boy, when endeavouring to make water, forced some urine through the wound in the perinæum, and we shortly after saw that a small quantity passed the natural passage. A small bougie was now introduced into the bladder, and suffered to remain there some hours. I wished, considering the canula had been in twelve days, without being once removed, now to take it out; but my friend not agreeing with me in that opinion, I consented to its continuance in the bladder two days longer. It was taken out then, and with great ease. The wound made by the trocar healed very readily, and the urine was evacuated through the urethra, and also through the wound in perinæo. The boy's health was tolerably good, except being rather reduced, we therefore gave him the cinchona three or four times a day; and in the course of two or three weeks, the wound in the perinæum was completely healed also. The abdomen became somewhat enlarged after the canula had been removed; it had a dropsical appearance, some urine, no doubt, escaped into its cavity; but by the use of a flannel bandage, and embrocating the part with a strong camphire liniment, the size of the belly diminished daily, and in about five weeks from the accident, the boy was in every respect cured.

To draw any inference from the successful termination of one solitary case, would be both unfair and futile. It is probable that in every case, where it is necessary to puncture the bladder, each mode, according to particular circumstances, may in its turn have a decided preference; but if I may venture an opinion, I should conceive there can scarcely ever be a well founded objection to the puncture above the pubis. The arguments I have only heard against it are, 1st. The necessity of leaving in a canula for so great a length of time, as may be necessary before the obstruction in the urethra is removed, and the difficulty and pain occasioned thereby in extracting it. 2dly. The puncture not being made in a depending part. In this case, the first of these objections was entirely done away; the canula, though it had been in the bladder four-

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teen days, without being either by design or accident once removed, was taken out with the greatest ease. In regard to the second objection, the bladder was not only nearly emptied every time the cork was taken out of the canula, but a considerable quantity of an increased discharge of mucus was evacuated through the canula also, for three or four days before it was extracted.

On the Bronchocele.

A lady, between forty and fifty years of age, applied to me about the beginning of the month of November, 1802, on account of a large tumour she had on the fore part of her neck. It had been, she told me, ten years growing, and was now increased to such a size, that she was obliged by her dress to hide the deformity. She had some time before applied to a surgeon, who had tried some external stimulants and mercurials, but in vain; and indeed, considering her time of life, I did not myself conceive that any medicine could be of use to her. Recollecting, however, in some former numbers of the Medical and Physical *Journal*, cases in which the efficacy of burnt sponge had been very strongly marked, I recommended her to try that medicine, as the only remedy I knew of. Though the lady suffered no inconvenience from the swelling, yet its having greatly increased of late, alarmed her, and she was determined to give the sponge a fair trial. I accordingly made some lozenges, each of which contained 3ß of burnt sponge. Of these she took three daily, by laying them under the tongue till they gradually dissolved; and in this way, without any interruption, she continued taking the lozenges, until she had swallowed sixteen ounces of the sponge. Not the least nausea was ever excited by it; but at the expiration of that time, no diminution whatever of the tumour taking place, my patient began to be disgusted, and was rather averse to continue the medicine longer; nor could I in my conscience request her. Her health was good, and she made her mind up to the deformity, on my assuring her, that such diseases were very rarely of any serious consequence.

The beginning of September, in the following year, I was sent for by the lady, on account of her health; she had lost her appetite, was grown thin, was feverish, &c. I looked at the tumour; it appeared of nearly the same size as when I saw it the year before. To mention more particularly her complaints is here unnecessary; but apprending

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prehending some chronic inflammation about the liver, I thought it right, after giving some purgative medicines, to put her on a plan of deobstruents, with small doses of calomel. On this plan she continued till the beginning of November, when her health was perfectly re-established. At this time the tumour remained exactly in the same state: but I was most exceedingly surprized in about a week; after the lady called on me to show her neck, when it was diminished more than one half, and in a few days more, was wholly gone. The total dispersion of it was the work only of about ten days, and there is not at this moment any prospect of its re-appearance. Here now is a case, in which the sponge had no efficacy, and yet a curable case. To what cause then can we attribute the resolution of the tumour? Was it owing to the continued use of calomel? or, was it merely the effect of chance?

The true cause and nature of this disease is ill understood; that they are not all similar, I think beyond doubt; and that the contents of the bronchocele in my patient was water, I think as clear. Most probably the water was contained in a cyst or cysts, which bursting, occasioned the tumour so quickly to disappear; and I think I recollect hearing that the late Dr. Hunter dissected an enlarged thyroid gland, and found it made up of cysts containing water.

Alresford, Hants, Nov. 7, 1804.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

BE pleased to give the following a place in your Journal if you think it of sufficient interest to deserve publication. The treatment, you will observe, was according to the improved practice of Dr. Kentish.

A young gentleman had incautiously left a pound of gunpowder in an open paper, and, forgetful of the circumstance, was examining the lock of his pistol; a spark from which, upon pulling down the flint, set the whole on fire, and enveloped him instantly in the flame and smoke, so that he was utterly at a loss to find his way out of the room; very providentially, however, the accident was immediately

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mediately discovered, and some of the family speedily extinguished the fire upon his cloaths; an *under flannel dress* had preserved the trunk from injury, though the linen waistcoat and shirt were burnt through in several places. The head and face had suffered severely, and I found him in pain to a degree of agony, complaining of the burning sensation in his face, and begging for some *cold application* to relieve him.

After covering the injured part with spirit of turpentine, I gave him thirty drops of laudanum in a glass of wine, and in ten minutes (as he continued in extreme pain) twenty drops more, and recommended he should be put into a warm bed, for he complained of general coldness, and was in the most compleat alarm as to the consequence. His attendant was directed to give twenty drops of the laudanum, in addition to what he had taken, if the pain did not abate in half an hour; but there was no occasion for the repetition of the anodyne, he soon became perfectly easy, and passed an exceeding good night. Several vesications appeared on the neck and throat the next morning, but these healed readily; and after a few days confinement to his room, and a redness of the whole face, which continued for several weeks, he got well without any mark or blemish whatever from the burn.

I have not thought it necessary to be very minute in detailing this case, as the object intended is merely to appreciate the sound and philosophical principles upon which the practice is founded. I have not seen any paper upon this interesting and important subject in your Journal; and if it directs the attention of medical men to the valuable pamphlet of Dr. K. I shall have the satisfaction of paying a just compliment to the merit of the author, and serving at the same time, as he proposed, the cause of humanity.

The Editors would perform a very acceptable service to the community if they would condescend to add their strictures upon the present fashionable dress of light and inflammable materials; pointing out the injurious effects upon the health in a general view, and the almost certain destruction of the individual in the event of any accident by fire.

I am, &c.

W. CROWFOOT.

Beccles, Nov. 7, 1804.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

WHEN we can snatch a fellow-creature from impending death, or even alleviate his sufferings, and render the remaining period of his existence comfortable, we feel the cheering influence of a ray emanating from the purest source of pleasure. Our gratification is more heightened, if the means made use of promise to contribute to the relief of others labouring under similar afflictions.

In compliance with the request of Mr. Jenkinson, in the 64th Number of your Journal, I shall state the strikingly beneficial effects of the solutio arsenici in an inveterate case of chronic rheumatism.

——— Ward, a female, who is now about the age of 35, was suddenly attacked, about two years since, with a violent pain near the middle of the spine, which hindered her from bending forwards without extreme difficulty. It was accompanied by a distressing pain in the epigastric region, attended by dyspepsia. She was pregnant at that time, and in a few days a miscarriage ensued. The pain then nearly left her; but it returned with redoubled violence in about a month. Her joints became affected, particularly her knees and ankles, which rendered walking extremely irksome; those of her fingers began to swell, and one of them became enlarged to nearly twice its proper size. She received only a temporary alleviation by the aid of remedies usually applied in such cases, though assisted by electricity.

She gradually became worse till the month of June last, when she began to take the solution, as recommended by Mr. J. In a few weeks she was much relieved, and was capable of walking without being incommoded by the pain; and since that time the swelling of her joints has decreased, and her general health is much improved.

There are two things worthy of particular notice in this case. 1st. The disease never put on the characteristic appearance of acute rheumatism. 2d. From the peculiar appearance of the countenance, and state of the pulse, tonic remedies seemed indicated; but none of them produced the effect of invigorating the system, till arsenic was given. She still perseveres in using the medicine, and has the very pleasing prospect of a permanent cure from the use of it. I am, &c.

Nottingham, Nov. 7, 1804. JOHN WHITLAM.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT being known at Madrid that Dr. Joseph Alcaraz, of Alicante, made use of oil for the cure of the yellow fever, a letter was written to him by order of the supreme Tribunal of Health there, desiring information; and his answer was published in the Madrid Gazette of Tuesday the 30th of October last, of which the following is a copy, translated by Mr. Hunter, British Consul General there.

The instant that patients are found to be attacked with the disorder, I order them to be rubbed with common oil, for about five minutes, over the whole body, except the breast and face; in this operation about half a pound of oil is expended; then I make them drink two cups of infusion of elder-flower made like tea, and to be covered up warm, shutting the windows, and fumigating the room with thyme. Every three hours I order them a cup of broth, and in the intermediate space the infusion of elder-flowers. This method is continued until a copious sweat comes on, which is generally followed by a bilious diarrhœa; and when the diarrhœa does not come on spontaneously, I endeavour to promote it by clysters of sea water. By these two evacuations I have cured the disorder in the two first days, without its passing to the second period, in all the forty-five patients whose names are annexed, and without any other remedy thereafter but tincture of bark to those who remained weak. I have observed further, that those frictions are not so sure a remedy to those patients who have entered into the second period of the disorder, which is commonly the third or fourth day, as the nervous system is then affected; but, at the same time, I have not failed of curing many of those who were in a very advanced period of the disease, and in whom the terrible symptoms of black vomit, hæmorrhage, and convulsions had already appeared. The forty-five persons whose names are mentioned, are those cured in the first period, without any other remedy but the friction of oil, without including many others cured in other periods, whose names have escaped me from my continual occupations.

Here follows the names, and after that a certificate by a Deputy of the Health Office at Alicante.

Copy, signed J. H. Consul General, Madrid.

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As the names would only be superfluous, I have here omitted them; and I will beg to acquaint you, that this oleous friction of Dr. Joseph Alcaraz, is not by any means a new mode of treating the yellow fever; I was an eye witness of its being put in practice eight years ago by the late Dr. Douglas White, a surgeon in the British Navy, and, at that time, of his Majesty's ship Scipio, on the West-India station. The said gentleman was passenger in the Quebec frigate, of which I was surgeon, from Jamaica to Portsmouth, in the year 1797, and I had frequent opportunities of knowing his sentiments on the subject, which he placed implicit confidence in. From an experience of five years and upwards in the West-Indies (and at the time that fatal disease raged with its greatest violence) I will presume to say, that the oleous friction could never be depended on, and that patients trusted solely to its specific qualities would inevitably sink. It will most certainly prevent the admission of air to the surface, and by that means assist in promoting a diaphoresis, which in the first stage of that epidemic malady is generally a very favourable symptom.

I am, &c.

R. WILLIAMS, Surgeon, Royal Navy.

H. M. S. Northumberland, off Ferrol, Nov. 10, 1804.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Remedy has been proposed in the Medical Essays, for the relief of patients labouring under spasmodic colic, attended with obstinate costiveness; and although some advantage has been ascribed to it, a single case never came within my knowledge of its having been tried, before that which I am now going to relate. The remedy I here allude to is, after having got the patient out of bed, to make him walk on a cold damp floor, and to throw cold water on his feet, legs, and thighs.

Several months ago I was called to see Mrs. Lock, ætat. thirty, of healthy habit; she complained of a violent pain in the umbilical region, extending downwards; described the sensation of a twisting and burning, and had not been

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at stool for more than thirty hours. Her disorder she attributed to a bit of ox-tripe which she had eaten a few days before, and which, she said, she was sure she had not digested. Her pulse was frequent, and a considerable degree of pyrexia with violent retching had come on. I immediately gave her twenty grains of ipecac. with a view to remove the indigestible substance; but this, instead of affording any relief, increased the existing symptoms. I then gave her the mixtur. salin. with a few drops of the tincture opii in each dose; an emollient clyster was given every three hours, and the abdomen fomented. The clysters were returned unchanged, and gave no ease. The pyrexia was now in a great measure diminished, and I tried alternately strong purgatives and more stimulant injections, but with no greater success. The cathartics were almost immediately rejected, and the clysters were returned without producing the least discharge of fæces, leaving behind the most exquisite torture. I ordered the patient to sit over the steam of warm water, applied a blister to the abdomen, (though from the latter I *did not* expect much benefit) and gave her small doses of the ol. Ricin. combined with the aq. menth. every half hour, adding to each dose ten drops of the tinct. opii. The dose of the tinct. opii was afterwards increased, before I could procure the least respite of ease, from the violent irritation in her stomach and bowels, which had been produced by the use of the cathartics.

I frequently found in this complaint, that purgatives of every kind had failed to produce stools, until large doses of the laudanum had been first administered; but here it only gave temporary relief, and the subsequent use of purges was alike ineffectual. Thus, after having had recourse in vain to all the methods I could devise to produce a stool, did my wretched patient drag on eight days and nights. In the mean time, I should gladly have availed myself of the advice of Dr. Wavell, physician, at Barnstaple, a gentleman whose experience, literary and professional knowledge, and urbanity of manners, peculiarly calculate him for the importance of his situation, but business of an urgent nature had called him to London. I recommended some of the neighbouring surgeons or apothecaries to be called in, but neither my patient nor her friends would listen to it. This confidence in me, who had been only a very short time in practice in this place, instead of gratifying, made me the more unhappy.

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The ninth morning after my patient had been seized, had now arrived, and brought with it appearances of a very distressing and alarming nature; her countenance was now very much emaciated, her breath fœtid, pulse small and intermittent; had convulsive hiccoughs, and clammy sweats. The violence of the pain still continued, but the fæces were not vomited, and these were the only circumstances that were not very unfavourable. I had heard much of the benefit derived from swallowing leaden bullets and quick-silver; but so strong was my prejudice against this practice, that I could not prevail on myself to make trial of it, and determined on the application of cold to the lower extremities. This was to me an experiment attended with much hazard, for had not my patient recovered, after undergoing an operation never before heard of in this place, the sapient sneer and significant shake of the head of some of my medical brethren, together with the vulgar prejudice, would have ascribed her death to my temerity, and passed judgment upon me.

After having with much difficulty, though assisted by two women, got the patient out of bed, I supported her to the next apartment, and made her walk barefoot over the floor, which had been previously spread over with table cloths just taken out of a tub of cold water; I also dashed cups of that fluid with some violence against her feet, legs, and thighs; within five minutes, instead of becoming weak by being taken out of bed, she felt stronger, and able to move with less support, and her strength kept gradually increasing; in fifteen minutes a severe griping pain came on, which continued for about ten minutes longer, when she was happily relieved by a very copious discharge of fetid discoloured fæces.

Though very much weakened from this discharge, she said she fancied herself in heaven; but this by no means removed my fears. The extreme debility which came on, her sudden relief from pain, the fetor and colour of the discharge, joined to the state of her pulse, made me suspect all was not right. I got her into bed, ordered her some sago, which, with the exception of a little gruel, was the only food she had taken from the commencement of her complaint; to the sago was added some port with the tinct. opii. The cort. cinch. combined with the rad. rhei, was given, and I found my fears were groundless; for she recovered in a very short time.

Before I would take the liberty of requesting a place for this case in your no less amusing than instructing publication,

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tion, I determined to give the method some more trials. In this part of Devonshire, cyder is particularly abundant, and consequently the Devonshire colic is no rare occurrence. Whenever habitual costiveness attended this disease I used the application of cold to the feet, and it produced the desired effect; before I was convinced of its efficacy I should have expected more benefit from the warm pediluvium, but now the former has my decided preference.

The stimulus of cold applied to the feet is conveyed to the intestines, and produces downwards their peristaltic motion; this I conceive to be the modus operandi. It is well known that the unusual exposure of the feet to wet or cold often produces griping and diarrhœa; the erect posture also and motion which the patient uses, no doubt, assist in the operation of the remedy.

Braunton, *Nov.* 9, 1804.

I am, &c.
J. RYAL, late Surgeon of the Royal Navy.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

CONSIDERING the great advantage I have myself derived from the many practical remarks contained in your valuable Journal, I think it would be highly culpable and ungrateful in me, in not giving my mite of information to my brethren, and throwing some light upon the cure of a disease which hitherto has baffled the skill of the physician and surgeon. Few, and few indeed, are the cases upon record that have been successfully treated; however, a case which I am about to mention, I trust will tend to convince the medical world, that such a disease as the Empyema is curable, especially when the constitution is in such a state as will favour the performance of an operation.

Thomas Poney, aged nineteen years, was admitted into the Royal Hospital, Deal, towards the latter end of the month of October, 1803; upon his admission he evidently laboured under all the symptoms of pneumonic inflammation, with the exception of that dull obtuse pain which the generality of patients labouring under the same disease for the most part complain. He compared the pain to a sword being run through his chest; he could not lay upon his right side, and even chose laying upon his back in prefer-

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ence to the left; the pulse seldom fell lower than 180, and never lower than 120; was extremely weak, and gave a sensation exactly as if the coats of the arteries were contracted. His appetite had quite forsaken him, and a little milk formed the chief part of his support. Previous to his admission, venesection had been carried to great lengths, and we were extremely careful how we employed the lancet; he expectorated mucus very freely, but at no one time could we ever detect the least signs of pus. This certainly encouraged us very much, and urged us at that time to form rather a favourable prognosis; blisters to the scrobiculus cordis and back were prescribed, which seemed to allay for a time the pain, but which, after a short period, returned with redoubled violence; chalybeates and digitalis were also administered, but without any beneficial effect. The pain gradually decreased, at last entirely left him, but the cough and hectic fever were far severer than I ever remember to have seen in a truly formed case of phthisis pulmonalis. All our hopes of cure were now given up, and the patient was evidently going to enter that undiscovered country from whose bourn no traveller returns, until, about the beginning of February, 1804, he informed us that there was a lump (using his own words) upon his left side. Upon examination the tumour actually fluctuated, and of course our minds were then made up as to the nature of the disease. Emollient poultices were immediately ordered to be applied to the tumour, and their application was continued for three or four days, the swelling evidently increasing every day in size, and becoming much softer. The operation was now thought adviseable; and the man not having the least objection, it was accordingly performed. The incision was not made where it was most adviseable that it should have been made, on account of the most depending part of the tumour being seated on the inferior part of the rib, the objection of course was the fear of wounding the intercostal artery; the incision being accordingly made upon the superior part of the ninth costa and the pleura divided, about six pints of pus flowed out. The patient's strength failing him very much, in the orifice of the wound was placed a small plug of lint, and the parts were again ordered to be poulticed. The operation having been performed in the morning, upon visiting him in the evening, and removing the poultice, and afterwards the plug, another quart came away; a febrifuge opiate was administered; and upon seeing him the following morning we found him as well, nay far better than what we expected;

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pected; he had passed a very good night, and the pulse had sunk at least 60, being at the time of operating 170.

Chalybeates were now given pretty freely with the addition of an antimonial bolus, and the patient was evidently mending rapidly until about a month after the operation, when on a sudden he was attacked with a violent pain in the chest, dyspnœa accompanied with a quick and rather a full pulse, and, in short, all the symptoms of inflammation seemed to have returned. Fortunately, however, these symptoms all disappeared upon his losing ten ounces of blood; there was still a very great discharge from the wound, but the matter was not so thick in consistence as at first. There was no alteration in the patient whatever for about six weeks or two months, when suddenly there appeared another abscess forming, about two inches from the wound; this was poulticed as the last had been, and was opened exactly in a similar manner; this opening was a far more desirable one than what the former one was, as being situated below it, it was of course far more dependent. The discharge from this last made orifice was more abundant than what was produced from the other one, and the patient seemed to be far more relieved by it; both wounds went on discharging, but the quantity abated every day. The patient was now able to walk about the ward, and by his own account was much more corpulent than he had been previous to his illness. It was now thought adviseable to send him home, that he might enjoy the benefit of his native air; he was accordingly invalided for that purpose, and was discharged from this hospital about six months after the operation had been performed, with only a very thin sanies oozing from the lower wound, the upper one being perfectly healed.

Remarks upon the foregoing Case.

It must appear obvious to every one, that the success which attended the performance of the operation was owing in a great measure to there being no organic affection of the lungs, as the patient, from his admission into the hospital until his discharge, never expectorated any purulent matter, consequently the disease must have been confined to the pleura, most probably solely to the pleura costalis. This case will also tend to shew, that where the inflammatory symptoms do not yield readily to the lancet, and that when the practitioner has the smallest doubt that the disease has terminated in suppuration, it is a duty incumbent upon him to examine very attentively the pati-

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ent's thorax, to perceive if there is any swelling; and should he find that to be the case, however small that swelling may be, the sooner the operation is performed the better, as I am well convinced that many patients' lives might be saved if this plan was more generally adopted.

I am, &c.

W. SHEARLY,
Member of the Royal College of Surgeons in London.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Flatter myself, that amongst the extensive circle of Readers of your very valuable miscellany, I shall find some practitioners of observation and experience, who will endeavour to investigate more satisfactorily than has hitherto been done, the origin, nature, and cure of a disease, which appears to me highly to merit the attention of the profession; not only because it has already excited very little of the attention of medical writers, but also, because its occurrence appears to be daily becoming more and more common. The disease to which I here allude is best known by the appellation of "The Ring-Worm in the Head."

It is a fact, I believe, not generally known, that this disorder is more dreaded in the schools about London, than any other epidemic; its origin, natural mode of communication, and cure, seem all to be involved in equal uncertainty.

The general opinion of those, who have endeavoured to find out the antiquity of this disorder, is, that it was imported from India, not more than twenty or thirty years ago; and what appears to favour this opinion, is the concurring testimony of schoolmasters, that Indian boys are more subject to it than the natives of this island; but whether it is merely a local disease, or whether it depends upon a disordered state of the whole system, so as to require internal medicines for its eradication, is a question which has not yet been decided; neither has it been ascertained whether the infection is communicated by bodily contact, or by the inhalation of air which has been respired by the disordered person, or by cutaneous absorption

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tion, &c. These are points, which I mention not with a view of being able to clear them of their difficulties, by any observations which I have myself made, or any information which I have received; but because, by a public notice of them, I may induce some persons of superior talents and greater experience, to prosecute that inquiry which may ultimately benefit society, and enrich the present stock of medical knowledge. I shall, however, take the liberty of describing the "Ring-Worm of the Head," in its different stages, as clearly as I have been able to ascertain them, and then enumerate the different applications which have been put in practice, making such remarks as may tend to fix their comparative merits, provided the enumeration of *inefficacious* applications may be considered as steps towards the discovery of efficacious remedies.

I need not, it is presumed, premise any thing respecting the nature of a *common* ring-worm, which different parts of the body are liable to, for it will generally yield to any of the common astringent applications to the affected surface; but inasmuch as a ring-worm of the *hairy scalp* will not yield to the same treatment with that on other parts of the body, may it be considered as a different species of the same genus?

Most usually the first appearance of a "ring-worm of the head," is that of a small circle of redness, from the size of a half guinea to that of a guinea, and red only at the circumference, which comes on very suddenly, and occasions the hair to separate at the roots from the slightest touch; this circle increases somewhat in diameter by degrees, and contracts a branny scurf, which constitutes the disorder.

It has been asserted, that animalculæ under the cuticle are the cause of this disorder; but a clergyman of my acquaintance, who, from having a numerous and respectable school, is much interested in the discovery, has made very accurate examination with a microscope, and must have detected *motion*, had there been any living animalculæ; but the result was, that no such cause of irritation existed.

When one circle has made its appearance in a child's head, (for I do not find that adults are ever affected with the disease, nor are girls so subject to it as boys) it may be expected that other similar circles will appear in a short time, on different parts of the head, till they reach one to another, and thus gain possession of the whole hairy scalp:

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scalp: when the original circle has considerably enlarged itself, and others have broken out, a confusion follows by means of the intersections, and unless the disorder be subdued, glandular swellings will ensue, and sometimes ulcerations.

On inquiring of my friend before alluded to, whether any symptoms ever precede this disorder, which may be considered as indicative of its approach; I was informed that a paleness of countenance, attended with a loss, or at least a diminution of appetite, so frequently gives notice of its approach, that he has many times pronounced his apprehension, that Master *Such-a-One* was going to have a ring-worm, which has shortly afterwards proved to be the case. This prognosis has not, that I know of, been noticed; perhaps not known to any medical writer; and, therefore, deserves to be more minutely attended to by those who undertake to ascertain the class in which this disease ought to be ranked.

In attempting to cure this disorder, not only have different medical men differed widely in their modes of treatment, but the same person has been under the necessity of trying various applications successively, before the end could be accomplished; which empirical kind of treatment has left him in the dark, as to what particular application proved of the greatest service, or whether it was the succession of different applications which jointly effected the cure.

When a practitioner is applied to for curing the disease in question, who makes no distinction between it and a common ring-worm of any other part, he most commonly applies a solution of sulphate of zinc in rose water, which lotion, though applied at a very early period, very seldom stops the progress of the disorder, and, in almost every instance, fails of effecting a cure: after the astringent lotion has been applied for some time, the *ung. picis* is perhaps recurred to, the effects of which appear to be nearly the same as those of the former application. At length, when much time has elapsed in fruitles efforts to cure the disorder, the hair is taken off, and the head shaven, as the "dernier resource," and blisters and plasters of Burgundy pitch have also been applied: this supposes the disease to be merely local; but from what information I can collect, topical applications *alone* have seldom been found sufficiently powerful to effect a radical cure.

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It would be improper to mention *names* in a paper of this kind, which is principally intended to induce further inquiry into the nature and cure of the "ring-worm of the head;" otherwise I could refer to the practice of a gentleman, who uses *internal* medicines as well as *topical* applications, and, perhaps, with more success than any of his cotemporaries. About five years ago, a school in the confines of London had not less than sixteen young gentlemen infected with this disorder at the same time; in whom, the applications above specified, besides some others not worthy of particular notice, were resorted to without success, but were ultimately cured by the attention of the gentleman just alluded to. The treatment was thus: The young gentlemen had their heads shaven every four or five days, and took powders of Æthiop's mineral, sulphate of kali, and calcined magnesia twice a day, whilst the ung. hyd. nitrat. was daily applied over the bare head at bed-time, and washed off the next morning with a piece of flannel and soap-suds. This treatment rigidly adhered to, the diet in the mean time being light, the disorder was eradicated; and this treatment has in other instances since been found equally successful, though it must be confessed, that three or four months usually elapse before a cure is effected. It may not be amiss here to add, that the school in which this disorder occurred, was remarkable for cleanliness, regular exercise, airy rooms, good bedding, and proper diet; and that there was a limitation in their number of pupils. Other schools have been equally infected with this disorder, inasmuch that the master of one, which I have heard of, not long ago, changed all the bedding, from an idea that the contagion was propagated by it; and another declared to his apothecary, that he had sustained a greater injury from this complaint than would be repaired, to use his own expression, by "a hatful of gold."

If what I have advanced should be deemed destitute of arrangement or inconclusive, let it be considered that the want of sufficient experience in the disorder in question, apologises for my not offering any thing more conclusive at present; but I trust that the candid reader will at least allow me the credit due to my intention of calling forth the attention of men skilful, as well as more experienced heads, to a subject, which, in my opinion, greatly deserves the investigation of medical research.

The concluding remark, which I must not omit to make, is,

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is, that the growing again of the hairs may be considered as a criterion of approaching health.* I am, &c.

ROBERT LOW,
Member of the Royal College of Surgeons.

Tavistock Row, Covent Garden, Oct. 18, 1804.

P. S. I shall, with your permission, avail myself of your next Number, to describe a portable electric machine, very convenient for medical purposes, which was invented some years ago by my brother-in-law, the Rev. William Pearson, and has since been somewhat improved by myself; I intend, also, if I have time, accompanying it with some cases, in which I have applied electricity with great benefit.

Observations on the Temperament and Diseases of the People inhabiting the Highlands of Aberdeenshire. By Mr. Tuaam Peaal.

FEW are the diseases that rage among the inhabitants of the Highlands; I believe they enjoy a greater share of health than falls to the lot of those of any other nation. This can only be the effect of temperance and regular excitement; the want of effeminacy of manners; moderate exercise; a simple and regular regimen; a pure air; a certain serenity of mind, in being less agitated by the anxious cares of commercial life, which distract the thoughts, and dissipate the animal spirits of those, who live in the lower parts of the country, where traffic is carried on to a much greater extent. Both men and women in the Highlands have a well regulated deportment, which excludes many moral evils or vices that lay the sure foundation from whence proceed a fatal train of physical evils, both incidental and hereditary, that insensibly sap the constitution, and by quick degrees bring the unhappy victims of them to a premature death. In this way I presume their advantages above others, in point of health, may be accounted for. There may be others of a more private and domestic nature, with which we are not so well acquainted, such as the tone and harmony of the passions, whose operations are only seen to advantage in the obscure

* The Editors consider Mr. L's communication as a very important one. They believe the disease to be contagious, and a disease of the hairs, which may be cured by eradicating them. Ed.

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scure recesses of social life; for it is well known that these have a mighty influence on the animal œconomy, and according to their movements either cherish or destroy the functions of life. In general, I believe, they are in a great measure free from those convulsive operations of passion that enervate the animal frame, by being removed from that luxury and dissipation, that lust of avarice and ambition, which so easily kindle the soul into a flame, and shake its frail companion to the very base on every disappointment it meets with from the jarring collision of opposing interests. On the contrary, by having few desires, and fewer opportunities of gratifying the corrupt propensities of nature, they are consequently exempted from the evils those unsatiable appetites uniformly bring; they may be said to live to nature, and therefore enjoy the advantages she brings to all those who follow her wholesome dictates.

Having premised these introductory remarks, I shall begin first with considering the female sex, whose temperament differs considerably from that of the male, owing to the different conformation of their body, mode of life, and education.—They are of a smaller stature than the male; some of them have a strong muscular system, while others again are thin, and have rigid fibres. In general, they are never corpulent; many of them are very ruddy complexioned, but those that are advanced in years are rather swarthy. Their bones are for the most part strong, and well formed; they abound with a large proportion of blood, and their catamenia usually continue three days. They are very patient under suffering, and are very seldom violently affected with anger, or talk much without a meaning. From want of experience and observation, their reasoning faculties and knowledge must be defective. It is only by being conversant with different objects that our ideas are formed, and unless we be surrounded with objects capable of exciting perfect ideas, our reflexion, the operation of the mind, and the retention of ideas, will be but weak, and therefore the faculty of discerning between ideas comparatively small. This is the reason why their knowledge is so much upon a par, and from the want of ideas, and improvement of the mind, female judgement is not so very perfect as the male, who receives a better education; which draws out to view every latent virtue and perfection which would never make their appearance without such help. They are very susceptible of love, good natured, and bear love slights with the greatest fortitude. They endure the vicissitudes of the climate surprisingly, for

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for it is no uncommon thing with the women to be going barefooted, and washing their cloaths, when the ground is covered with ice. Some of them are addicted to hysteria; this disease is more frequent however with old maids than young females. In the Highlands, the women when with child take a good deal of exercise, which is a means of preventing sickness, vomiting, and ischuria, so frequent among pregnant females of the city. Abortion is very unfrequent, as is also laborious and preternatural labours. Laborious labours, however, do sometimes occur, and are for the most part owing to the bones of their childrens' heads being very much ossified, and large. Weakly women have often easier labours than the strong and robust. The reason is obvious, the bones of their childrens' heads are not so strong, they more easily mould themselves to the capacity of the pelvis, and the parts are not so tense. The Highland women when with child, are very healthy, and they always nurse their own children. They give them however too long suck, and it is not uncommon with them to continue nursing until they be with child again. But when this does not occur, they will give them suck for one year and a half. They commit another error in giving the child suck too often; this is common with nurses every where. Whether it be owing to their having a pleasure in giving it, to the milk stimulating their breasts to have a discharge, or to still the child's crying, I cannot tell; but it would tend much to the child's health to regulate its instinct in this particular, and to give it suck only at stated times. By giving it frequently the child's stomach becomes gorged with it: he then sickens; which increases until he vomits it. When the mothers think their childrens' stomachs will bear it, they give them milk pottage (milk boiled with oat or barley meal) twice or three times a day, which is a very proper food, when given in moderation. They generally give them plenty of airing, which is of great advantage to children, as it makes them strong and hardy. When the child becomes sickly or unwell their only cure for it is whisky punch, which is also employed when there is a scarcity of the mother's milk. The weaning brash does not occur so often in the Highlands as in the city, where it is very common, and frequently terminates in rickets. When diarrhœa happens to children in the Highlands, the principal cure is boiled milk and eggs, inflammed whisky, or whisky punch, which is also employed in the colic of children. Disorders of the primæ viæ and intestines, form the largest portion of those which affect

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affect children in the Highlands. The food of children in the Highlands, after they are weaned, does not differ much from what is used by their fathers. It is principally of a vegetable nature. Milk, eggs, butter, and cheese, are however much used in some parts. Corn meal boiled with water into pottage is frequently used for breakfast, dinner, and supper. It is boiled very thick, and supped with milk. Sometimes for dinner greens or kail are used. In ancient times, artemesia was boiled with water, and used for dinner with bread as a substitute for kail. This was a dish which the Highlanders were very fond of, and what agreed well with those who were accustomed to it. For supper, sowns, pottage, milk and bread, or boiled potatoes are often used.

There is no doubt that this simple aliment used by the Highlanders, joined with exercise, produces that particular temperament, which so remarkably characterizes them. They become strong and hardy, but are less irritable and sensible than those who live upon animal food; hence they are less subject to diseases. Too great an irritability or tenderness of the constitution, subjects to disease upon the slightest excess or difficience of the accustomed impressions; this is not the case with the Highlanders, they can bear fatigue, cold, and abstinence from food and drink without throwing them into disease, so that the excitement or vitalment is increased or diminished without affecting the vitality so much as to produce even predisposition.

Until of late years the knowledge of the Highlanders was very much confined, their education consisting chiefly in learning to read; but this reading was not extended to such books as could improve the mind. The Bible, and a few school books, formed all their library; and after they could read, these were only studied at leisure hours. It requires reflection before reading can be a rational amusement to the human soul, and it requires a good deal of reading and application, which those who follow laborious work have seldom time for, before they become acquainted with the learned and illustrious dead, or the enlightened living. But what principally tends to form the temperament of the Highlanders, is the climate, and their pursuits, being almost always without the house, tending cattle, or employed about some rural affairs. This produces in them great muscular force; and as the air is generally pure, and free from noxious exhalations, they are not subject to the diseases arising from impure air.

Although they have not many opportunities of acquiring knowledge,

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knowledge, or arming themselves with maxims of prudence and reflection, yet their minds are open to improvement, and they have a perfect knowledge, even to scientific precision, of such things as come within their sphere. They have a desire to reflect upon such things as pass under their review, are very social, and seldom quarrelsome; but when once provoked they are very fierce. The colour of their hair is various. We meet with black, umber brown, light umber brown, red, and light red. The colour of the iris of their eyes is also various, being different shades of black, brown, and light blue. Their temperaments are however much changed when they dwell for some time in the city, and arrive at the dignity of a Ballie or Provost. By this we see the difference which a change of eating, drinking, want of exercise, and a more cultivated state of mind, produces on strong natural talents. Instances of longevity are very common in the Highlands, both among the male and female sex; few of them die until they be fourscore, unless they have been much weakened by repeated attacks of disease. And those who chance to remove to the city in their younger years, unless cut off by fever or some contagious disease, live till they be aged sixty years.

It would be beneficial in practice to be acquainted with the different temperaments of individuals, and yet there remains great uncertainty about their diagnosis and arrangement. Two practitioners would give a different name to the temperament of the same individual; which has been the occasion of my giving over mentioning the temperament of the patient when I am drawing up a case.

But some time ago I was led to adopt a different arrangement, by an endeavour to find out the temperament of a reverend reader of sermons not far from Aberdeen, who had a strong muscular system, ill-looking countenance, weak memory and judgment; envious and passionate. The countenance is very often an index of the mind, whatever be the profession. A truly religious and benevolent mind being happy, is always accompanied with an open, free, and cheerful countenance. Professional and studious men are more under the influence of intellectual enjoyment and suffering than any other class. "The man who is benevolent, wise, and courageous, possessing the greatest enjoyment and least suffering, is most happy." Misery is the reverse of this. The effects of each of these states upon the body must be obvious. I have divided the temperaments into four classes.

1. Those

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1. Those with a strong muscular system, large bones, and head, without much mental exercise: subject to be affected by those things whose effects depend upon opinion. Of this temperament are most of the laborious, or rustic employment.

2. With a mean degree of muscular strength rather slender, unused to hard labour, tenacious memory; sometimes weak; subject to violent mental opinion; envious; without those graces which constitute the excellence of man. Constituting the majority of the middle class of men; including sometimes professional gentlemen and the clergy.

3. Weak muscular system: subject to violent mental and animal suffering. Among this class are included the sensualist and hypochondriac.

4. Those whose animal and intellectual senses are regulated to form the chief excellence of man; as probity, supported by wisdom, temperance, and fortitude. Of this temperament are many female characters. It is accompanied with a moderate degree of muscular strength, serenity of countenance, and good nature. They possess the greatest enjoyment and least suffering, and are therefore most happy.

All the houses in the Highlands, which are of one story, are built without chimnies; the fire place is at one end of the house, close to the gable wall; the smoke being light, ascends, and passes out at an aperture left in the roof for the purpose; this opening has a small wooden top resembling a chimney; and at one side a piece of board raised above the top of the cubical frame, with a stalk that comes down for the purpose of turning it to the side which the wind comes from, so that the smoke has more liberty to escape; this is a simple contrivance to prevent smoke, and gave origin to the more elegant ones, which turn with the wind. Yet notwithstanding this, when there is much wind, the houses are frequently smoky. Their fuel for fire consists of peat, which is charred vegetables, and consists principally of carbon. The couples and rafters of their houses are covered with an oily bitumen occasioned by the carbonic acid and hydrogen; it very much resembles tar, and has equally as good an effect in preserving the wood from rotting. There is no doubt but the Highlanders inhale the carbonic vapour into their lungs, which would be a drawback upon their health, if it were not for their being so much exposed to the pure air, and their being accustomed to the smoke. The smoke of their houses is

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very disagreeable to strangers until they be some time used to it. Their fire is placed on the ground, close to the gable of the house, round which they all sit; the heat is very strong, it spreads itself all round, and warms the whole house, which without such large fires would be damp and uncomfortable. It is a very general custom with most of the people in the country, and in the Highlands, to smoke tobacco; and very often, when they associate together, only one pipe is employed by the whole of them through the evening; when one has done smoking, another gets the pipe, and so it goes round the whole company. What will be the consequence if one of those are affected with the sibbens? But there are several diseases which may be caught by the saliva, such as scrophula, putrid sore throat, aphtæ, erysipelas, venereal ulcers, &c. It would be better, if they could not abstain from smoking, that each person should have his own pipe; and not only that, but likewise his own spoon, which would obviate the danger mentioned.

They assert that smoking is good for the tooth-ache, colic, heart-burn, &c. and prevents hunger, fevers, and all kind of infection. But whether it has these good effects I cannot take upon me to determine. It certainly hurts the nervous system, and destroys the appetite, and not unfrequently in some produces a complaint in the stomach which they denominate heart-wringing; smoking generally relieves it, but it returns again, if it be not duly repeated. The practice of smoking, now so general in the Highlands, is a deviation from that natural simplicity of nature so common with them. It is to be lamented that they do not recollect that their forefathers lived without it, and that since its introduction among them, diseases have been more frequent. But custom with them, as well as those of the city, triumphs over reason; and as they live in a more social manner, any bad custom is sooner acquired and propagated than in the city. My remarks on smoking or chewing tobacco, will also apply to the immoderate use of whisky.

In process of time it will be no uncommon thing to see them in the country indulge to great excess in all the luxuries of the city, which will have a great effect in diminishing their bodily strength, and be the cause of many diseases to which they were strangers in their more natural state.

It would be happy for them if they imitated the better sort of people of the city in regard to cleanliness. Indeed, in

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in this particular they are much reformed, both with respect to their bodies and clothes. The fair sex on Sunday vie with each other in appearing clean and neat, which induces the young men to imitate their example, that they may engross a share of their favour. But in many parts of the Highlands and country, this necessary virtue is much neglected; their skins are covered with a loam of perspirable matter and dust, their beards long, and filled with the same, and their clothes and linen extremely dirty. While this is the case, it is not to be wondered that the itch prevails so much in some parts. For although it depends upon a poisonous virus, which may be denominated soriculi, yet uncleanness increases its virulence and facility of being catched. There is no disease more easily cured. since sulphuric acid has been discovered to be a specific remedy for it. Those are therefore very blameable who allow it to continue on their skins; and many of them are so careless and dirty that they permit the disease to remain, without ever thinking of having it removed, which is an injury both to themselves and neighbours. It is a disorder which gradually spreads over the whole body. The virus enters the interstices of the rete mucosum, raises it into a small pimplar vesicle containing the virus and lymph. A great itching attends, especially when the skin is bare, and exposed to the air; this happens most commonly at bed-time, and is a characteristic mark of the disease. When it continues long upon the skin, it generally produces boils in different parts of the body, and this most commonly in children who are affected with it. I have seen some cases where the feet and head were all in one crust. When it affects children, and allowed to increase without speedy application, it affects, and appears very much like tinea capitis; but in tinea the crust is for the most part white, dry, and thick; this again is more red, and pours out a considerable quantity of thin matter, appears on other parts of the body, and is easier cured than tinea capitis. The itch is a very distressing complaint when it gets into a family where there are a number of young children.

In the city of Aberdeen the itch is less common than in the country, because coals are generally used for fire. Peat or turf in the country. As the coals abound with sulphur they will have a great effect in preventing this disease. I am informed that in the south of Scotland, where sulphury Scots coals are used, that the itch is scarcely known. This

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would make us conclude that peat fires rather encouraged this disease.

Fixed air has a very great tendency to produce boils; I once had a case of a young man who had a great number of boils upon his body, which he attributed to his drinking too much mineral water of his own making.

The peculiar temperament of some nations induce particular diseases. The Jews had their leprosy. The Americans, syphilis and gonorrhœa. The Africans, frambæsia. The Scots and Irish, the itch. There is not a stronger instance can be urged in favour of cleanliness than that by Moses when he treats of leprosy, which appears, from his description of it, to be a species of frambæsia or yaws; which is a disease very infectious, and more liable to be catched than the itch. Moses describes it with great accuracy, and how it is to be distinguished from inflammation, abscess, and other diseases to which it bears any resemblance. The cure he trusted entirely to cleanliness, washing with water, and shutting the patient up to prevent its contagious influence.

Colic is one of the diseases which we most frequently meet with in the Highlands; it seems to arise from various causes, and to consist of different degrees of violence. Sometimes it yields to a stimulant plan of treatment, which they prescribe for themselves, consisting of black pepper mixed with milk, and sometimes whisky. When it does not yield to this treatment in two days, it is of a more violent nature, and attended with great pain and inflammation, which obliges them to apply for medical assistance. Those cases which I have attended, generally yielded to the same agents that are usually employed for the mill-neck or the painter's colic, as blood-letting, castor oil, fomentations, the warm bath, and injections.

I have attended several cases where the patients were affected with spasms of the intestinal canal of a more chronic nature. The patients would sometimes take a little food, but when in any quantity, it was vomited again along with a mouthful of water. When more than a certain quantity of drink was taken, it was regurgitated in the same manner. They complained of a constant sensation of wind rumbling through their bowels, accompanied sometimes with a sharp cutting pain, a wasting of their body, and great dejection of spirit. These symptoms continued with little variation two or three months, but at last increased to continual hiccup and costiveness, which terminated in death. It would be much better for the Highlanders

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landers when they drink whisky, to mix it with equal parts of sweet milk, which would obviate its tendency to produce spasms of the bowels, and would make the danger less if any inflammation were present.

Fevers do sometimes occur in the Highlands, but not very frequently; they are generally of that kind called synochus, and occasioned by contagion. You would think that the vigour and hardiness of their bodies would resist its influence, but it is otherwise. When a countryman goes to visit a friend in fever, it is a rare circumstance if he be not affected with it. I have known several countrymen, after they have gone to see their friends in the Aberdeen Hospital, come home affected with fever, which sometimes proves fatal. They are more apt to be infected with fever than those who live in the city, owing to their enjoying the free air. Those in the city are constantly exposed to the effluvia arising from the decomposition of animal substances; they are therefore accustomed to a certain degree of contagion, which renders them not so susceptible of catching fever as those in the country. You observe, in your Essay on Fever,* that there is something in the nature of the contagion of fever which determines it most commonly to produce the same disease. There is always a great similarity between cases of infected fever here; and its action upon the body, in this part of the country, very much resembles cold. Intermittents are entire strangers here.

Inflammation, and soreness of the lips in the cold of winter, and intense heat of the summer, is a common complaint. When this occurs in old subjects, and is neglected or irritated by tobacco pipes when smoking, it sometimes turns into cancer of the lip, a disease very frequent among old men in the Highlands.

We are experiencing the advantage of Dr. Jenner's discovery. Every school-master is becoming a vaccinator. The small-pox can no longer intimidate us. If it do, we have ourselves to blame.

There are a few more diseases which we meet with here, such as stone, hernia, herpes, sibbens, and epilepsy; but I am afraid I have already trespassed upon your patience. I have nothing remarkable to add at present with respect to any of these. The number afflicted with stone in the bladder have decreased one-half, which I suppose is owing to the meal being ground with granite stones. The

* This paper was, originally, addressed to Dr. Ferguson. Ed.

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mill-stones were formerly very soft, and mouldered fast away in grinding, so that a great part of the meal consisted of earthy and sandy particles.

I have tried your sulphat of soda poultice in two cases of ulcerated bubo, with the same good effect as you mention in chancre. They were cured without applying ointment of any kind.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Beg leave to communicate, through the medium of your useful Journal, the following fact relative to the vaccine disease, which seems to throw additional light on this very important improvement in the medical art; and, as far as it goes, to solve the question, whether the small-pox does ever supervene the cow-pox.

Eliza Comer, now aged two years, was inoculated on August 13, 1803, for the vaccine disease, in both arms, with virus procured from the Vaccine Pock Institution, and went through the disease in a perfectly favourable manner, without any pustules except those of the arms; the punctures on both of which rose with large areola around them: this is necessary to premise, in order to elucidate the following case. The small-pox becoming frequent in this town, the mother of the child desired to have her inoculated for it, as she was afraid, from what she had heard, that the cow-pox was not a preventive. Accordingly, to satisfy her, I inserted a portion of variolous matter in the *left arm only*, on the 1st of June last. On calling to see the child, four days after, I saw every appearance of the puncture rising; but expected that it would have died away again, as I have witnessed in other cases of re-inoculation; and my surprize was considerable, on visiting her the sixth day, to find the arm still rising with an efflorescence around it, with symptoms of fever and absorption. On the eighth day, a rash, resembling that which so often precedes the eruption of the small-pox, appeared, covering the greater part of the body, attended with a considerable degree of swelling and fever; the puncture on the arm still rising, and appearing more inflamed and elevated. Under these circumstances, being considerably

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considerably alarmed, expecting that the child was about to have the small-pox, and she being costive, I administered a dose of kali tart. and manna; the next morning the mother informed me, that the small-pox was coming out very thick. On seeing the child, I found the face and neck covered with at least an hundred pimples. On examining the arm, to see the state the puncture was in, I perceived that it was sinking, and evidently dying away; and the pustule above it, about half an inch, where she had been previously vaccinated, elevated, with an areola appearing round it. This led me to examine the state of the other arm; and with great satisfaction I perceived that the original puncture there was also risen, with a most beautiful areola around it, exactly similar in its appearance and dimensions to that which had taken place at the time of the original vaccination. The child being again costive, I repeated the kali tart. and manna; and by the thirteenth day I had the pleasure of seeing the appearances on the arms subside, the eruption vanish, and the child recover her former healthy state.

The inferences which I draw from the foregoing statement are: First, that the vaccine virus (or principle) lay dormant in this child's system. This is to be accounted for by the re-appearance of the original vaccine inflammation and areola around the former punctures on the arms; and the eruption, as well as I could distinguish, resembling more those of the vaccine than the variolous disease. Second, that the introduction of variolous fluid under the cutis of the left arm, had the effect of throwing the dormant vaccine principle into sufficient action to repel its admission into the system. And, third, may not the cases lately related of small-pox taking place after vaccination, be referred to the same laws? as it is not unlikely, that the same phenomena took place; for I should have probably considered this case as incomplete small-pox, had I not perceived the state of the original punctures on the arms. And if, on future observation, other practitioners should meet with similar cases, a wide field for inquiry and investigation will be opened; for, I am inclined to think that we are not yet properly acquainted with the pathology of the disease; and it may not be improper to conjecture, if it should be proved in other cases to remain dormant in the system, that the vaccine principle may prevent other contagious eruptive diseases: and I mean, in consequence, to keep a watchful eye over those

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that I have vaccinated, to note what diseases they are obnoxious to, and what they escape.

I am, &c.

Glastonbury, Nov. 11, 1804. J. BOND.

P. S. I inoculated two other children for the small-pox on the same day, with some of the same matter, who had been previously inoculated for the vaccine disease, on the same day with Eliza Comer, with some of the same fluid that she was infected with; but in them I could not perceive the least effect. This I think proper to mention, to show that the vaccine fluid made use of, was in a proper state at the time of their vaccination; and also, that in some peculiar constitutions, that are probably originally more susceptible of the variolous disease, it makes more vigorous efforts to enter the system, than in those who are not so susceptible of it; and therefore, that in all, after the introduction of the vaccine fluid, the principle may remain dormant, though not obliged to exert or shew itself.

Copy of a Letter from Dr. Coxe, of Philadelphia, to Mr. Ring, dated October 26, 1804.

MY DEAR SIR,

YOU have my sincere thanks for the additional favors you have conferred on me, by the transmission of the late Treatises on the subject of Vaccination. I received them a day or two past, and have just given them a cursory reading. It appears to me, that you have amply vindicated the honour of the practice; nor can I well imagine, on what principle Mr. Goldson would attempt to overturn the public confidence in it, by a detail of a few, at best, imperfect histories, of both the (supposed) diseases under his care. It has forcibly struck me, from the hasty perusal of his pamphlet, that he can have paid but small attention to the progress of this beautiful affection, and to its various anomalies. He has said much upon the difference in colour between the *natural* and *inoculated* disease, as if this could possibly influence its prophylactic property! What is it in the cow, in fact, but an inoculated disease from the heels of the horse? According to his principles, to insure *perpetual* safety, and not for *two* or *three*

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three years only, we had better recur at once to the equine as the primary, and consequently the most efficacious, source. But, if so great a falling off exists between the efficacy of the disease immediately from the cow and that produced by inoculation from the human subject, alas! how dangerously must a large proportion of the rising generation be now situated, from the *increased deterioration* of the infection by some hundred removes from its original stock! After all, Mr. Goldson has built his faith too much upon the early opinions respecting the disease, before it was thoroughly understood; and of course, (as might have been expected, and as he would have discovered by reading) many of them have been proved to be erroneous. With respect to this colour of the pock above adverted to, it is an anomaly no more to be accounted for, than many others which take place in this disease. It is certain, that at times the vesicle will be of a pellucid appearance; whilst, at others, it is nearly of an opaque white, resembling paper: yet, in both instances, preserving the characteristic depression and circular appearance; the virus also being equally transparent in both. In all the cases which have come under my care, and to which, from the interest I take in the practice, I have paid great attention, I have never met with but one instance of the real blue colour. I have, in two or three others, thought I perceived a distant approach to it. As this case serves to evince the variety of the disease, I shall just state the circumstances.

On the 27th of last November I vaccinated a young man, a student of medicine, by two punctures of the left arm (having previously attempted to infect him with some virus of five months old). It succeeded in *one* puncture only; and throughout its course appeared to be about two days *tardy*: thus, the areola did not occur until the eleventh day. The fever was rather high on the twelfth day, when he told me, he found, by examination, his pulse beat from ten to fifteen strokes more in a minute in the *sound* arm than in the other. I could not, however, find any difference on examining it. On the 2d of January I tested him with small-pox; and he has himself since, repeatedly exposed and inoculated himself with only a very slight inflammation of the part occurring. The infection I employed was some on glass, which Mr. G. C. Jenner gave to young Mr. Peale, when he returned from exhibiting the mammoth in England. It was two months and a half old when I employed it. There are some points in the

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the preceding case, which, compared with the next I shall state, show the diversity of the disease. I have omitted to say, that by puncture the vesicle was one of the most *oval* I have seen, and of the colour I have mentioned above; of an *opaque white*. On the *tenth* day I revaccinated him from himself, which took effect, and progressed as it ought, the areola commencing a few hours after that of the primary pock.

On the 6th of December, I vaccinated an infant of four months old, with fresh infection (from the case above-mentioned) of the eleventh day; though, from its *tardy* progress, it was not above the ninth in the natural course of the disease. I must state, that this child had been previously vaccinated, ineffectually, three times; with recent infection, with some of eight days, and with some of seven months. Both punctures, in this instance, took effect; and though produced by infection from a pock so tardy, it ran an opposite course; a slight fever was perceptible on the sixth day, and the areola made its appearance late on the 7th, or very early on the 8th. On the tenth the areola was rapidly declining. The scabs came off on the 19th and twentieth days. It was on the eighth day, the mother herself called my attention to the pocks, by asking me, what was the matter with them, they had altered so much in colour? They had, from the earliest appearance, a slight tinge of blue, but they had not particularly attracted my attention till the sixth or seventh day; from which time they increased most rapidly, so that now they were of a considerably deep indigo appearance. Had I not known the circumstance, relative to the occasional livid appearance, I should have been very uneasy; but I beheld in them only a beautiful variety of the disease, which I had long anxiously looked for. The mother herself was frightened, as some of the neighbours had told her, they looked as if they would mortify. This child I revaccinated on the sixth day, from herself, ineffectually.

Now, in these two instances, the extreme variety of the disease is well evinced. Infection from a tardy pock produces one of rapid progress; and from one of an opaque white hue is induced the highest grade of blue. How will Mr. Goldson explain these varieties? I cannot. In proof of the mildness of the disease, I may state, that the subject of the last case, during its progress, not only cut several teeth, but had also a most violent cold, which threatened

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threatened an attack of cynanche trachealis; yet without any additional increase in the symptoms of the vaccine.

A circumstance in the first case stated, leads me to observe how much attention is essential in this disease; I mean, the *success* of one puncture and failure of the other. Now, had I unfortunately made *but the unsuccessful attempt*, I should probably have thrown away the infection as effete; although I have long known, that it may fail in one instance, whilst it succeeds in another; nay, that the same infection which fails to day, will succeed in the identical patients five or six days later;* and if five or six days, why not at a longer period?

In the first trial of the disease which succeeded in this city, viz. on myself, of three portions of thread deposited in my left fore-arm, about an inch from each other, in a straight line to the hand, the *two* extreme ones took effect, whilst the *middle* one failed;† and repeatedly has the same infection failed in one case, which has succeeded in another. How is this? we are yet in the dark as to many of the laws of this virus upon the animal body. We must resolve it, in the latter case, to a constitutional indisposition; may we be allowed, in the former, to suppose a *local* indisposition to exist? My own case, as well as the first case detailed in this letter, seems to authorize it.

I have within these few days, repeated the *sixteenth* unsuccessful attempt to induce the vaccine in a child. I began with it in April last, when two months old; and have continued at intervals to repeat it, with infection *four* times recent, five times of one day old, once of two days, once of three, once of seven, once of eight, once of seventeen, once of twenty-two, and once of sixty-two days. A spurious pustule was produced on the first and seventh attempts; the infection being recent, and one day old, and taken on the seventh and eighth of the disease.‡ I am hence led to state, that although we may be confident of the genuine nature of our infection, it by no means follows that it will invariably produce the perfect disease. Too much stress has I think been laid upon this; for although spurious infection cannot produce a perfect disease; yet, certainly, by some peculiarity of constitution, or

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* See note, p. 41, of my Treatise on Vaccination.
† See Case 1. ibid.
‡ See Case xxx. ibid.

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or some early injury, a spurious affection will not unfrequently follow the deposition of the most perfect infection. I have had more than one instance, in which the same infection, deposited the same day, in different persons' arms, has failed in one, produced a perfect pock in a second, and a spurious one in a third.

The chief object, then, of the practitioner, must assuredly be, to make himself acquainted with the real and genuine appearance of the disease, as a standard; a deviation from which should always excite a proportionate suspicion. Had Mr. Goldson adverted to this truth, it is probable he would not have laid so much stress upon the source of the infection first employed. As Mr. G. appears to have never seen the vaccine disease before he practiced it himself, it is very extraordinary that a philosophic curiosity should not have led him to test some of his first cases *immediately*; especially, as he appears to have so great a share of ill-timed scepticism. Six cases, even if better substantiated than his, would bear but a small proportion to, I might now say, the millions who have been shielded by the Jennerian Ægis. Were it not a preservative, instead of one solitary *suspected* case, how many thousands might not the adversaries of this invaluable blessing adduce, without fear of contradiction! But "they lie wait privily;" and, by this underhand, insidious conduct, endeavour to destroy the confidence of the public in the practice. The rash assertion of an illiterate or malicious individual, is to overthrow the matured and long experienced judgement of the brightest ornaments of the profession in every part of the world!

In December, 1801, about seven weeks after the introduction of the practice into Philadelphia, I vaccinated my infant son of three weeks old; since christened by the name of Edward Jenner Coxe. He passed through the disease in the most favourable manner. About three weeks from the insertion of the vaccine infection, I inoculated him for the small-pox; and repeated it in a week more. I again attempted it on the 18th of February, with the like unsuccessful issue. In February of the following year (or *fourteen months*; a period after vaccination, at which Mr. Goldson found strong constitutional symptoms) I renewed my attempts; and again on April 29, for the fifth time. January 31 and May 29 of the present year, I again tried the small-pox; and his arm is *now* slightly inflamed by an eighth attempt made on the 20th of the month. In all I have made about fourteen punctures; and always employed

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employed *recent* virus, taken from persons labouring under the natural small-pox, generally very severe. To this, I may add, that he has been exposed to the natural contagion by visiting persons in it; and by being held in their arms for a quarter of an hour at a time, at least a dozen times. Many have I inoculated once, ineffectually; and several two and three times. I have an infant daughter, now about ten weeks old, who was vaccinated at two weeks, and passed through the disease with scarcely a moment's indisposition. The scab was off the sixteenth day; and she, in like manner, has resisted the variolous inoculation of the 20th instant. In the spring of 1803, I tested about twenty persons of different ages and sexes, who had gone through the vaccine, from its first introduction up to the period alluded to. The infection I used was taken from a man who was covered with it, in the natural way. I employed it on them all, in the space of a few days. Of this number, not one escaped evincing the *activity* of the poison. In about one-third, a small inflammation, without any vesicle, continued nearly three or four days, with much itching, and then died away. In an equal number, perhaps, the local affection produced a small vesicle of lymph, which dried away in about six or seven days. But in the third division, a complete pustule formed; which regularly maturated, and from which, as in Mr. Goldson's fourth case, I could have produced the small-pox in as many, I doubt not, as I should have tried it in; provided they had not previously been secured against it. In all these last cases, (and some had two or three pustules, according to the number of punctures made) no constitutional symptoms occurred; and though the pustule was surrounded with an inflamed and hardened base, no confluent pimples attended, but the disease was almost circumscribed as in the vaccine itself. In about one hundred persons whom I have tested, I have not been able to produce the small-pox, further than this slight local affection; and I will ask Mr. Goldson, if he would not consider it very unfortunate indeed, to fail so uniformly, without having the same invaluable cause to assign for it? I must therefore think, that Mr. Goldson might be much better employed, in studying the nature of vaccination, than in starting objections to the practice, founded on a few such imperfect experiments as he details. If he is still anxious to try its efficacy, let him make

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make use of your offer, and test some of those who have passed the rubicon under your care.

I observe in your Treatise, and more lately in the Medical and Physical Journal, you have fallen into an error, respecting the greater rapidity of the disease in the Negro, from some imperfect experiments made in Paris. I find Dr. Marshall also admits the same, from a solitary example noticed by him, (Medical and Physical Journal, for January, page 40). The experience I have had in this disease, in the Negro, does not authorise this conclusion. I have not perceived any difference in the progress of the pock, nor in the facility of its communication, between Whites, Blacks, or Mulattoes. In p. 149 of my Treatise, you will find one solitary instance of its rapid march in a black child; in whom the dark coloured scab was completely formed on the eighth day; and on the eleventh, I tested him with variolous matter. On the fifteenth day the scab came off. The like uniformity has, I believe, been generally observed by our practitioners in Philadelphia. As for the infection being procured so early as the third day, by Dr. Marshall, it is a mere accidental variety of the disease, and not so remarkable as the protracted period you mention of 45 days, in a late Number of the Med. Journal. Case 43 of my Treatise, gives the account of matter obtained from a pock in a white child, in ninety-three hours after vaccination. The usual period of the successful appearance of vaccination is three days, before which time I presume we might always destroy the disease by excision or caustic. I presume this would also be the case in your long-protracted one above adverted to; as I suppose, during this period, the infection must be local, and lie dormant. Now, three days compared with forty-five, is not greater in disproportion, than one month or six weeks, (the usual period of the attack of hydrophobia after a bite) and a year or eighteen months or more, which has been recorded. An important deduction I would wish to draw from this, is, that any time between the reception of the bite, and before the actual occurrence of the symptoms, *excision* should be uniformly practiced; as in all probability the virus must here also be local, and lie dormant. The sooner however this is done, I conceive, the better. The operation of morbid poisons, I think, may be much unfolded, by due attention to this extraordinary blessing.

I see, Mr. Goldson has availed himself of the supposed superiority of size of the natural vaccine-pock over that induced

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induced by vaccination. This also, I apprehend, is a mere accidental circumstance; I doubt much, whether Mr. Goldson has ever seen a pock on the cow, or in a human subject, of the magnitude of that which I sent you an account of some time ago. The infection, which produced this pock of full an inch and a half in diameter, in a mulatto woman, excited only a common sized pock in another case. It is these variations from the natural appearance of the disease which we must study, in order to perfect our knowledge of this wonderful prophylactic.

I have thus, my dear Sir, encroached upon your valuable time, by a much longer letter than I intended, when I sat down to write. The importance of the subject has however prolonged my communication; and, knowing the interest you feel in whatever concerns it, I trust you will pardon me. If you think it may be useful to communicate these remarks to the Medical and Physical Journal, you have my free consent.

Be assured I am, very truly,

Your obliged humble servant,

JOHN REDMAN COXE.

P.S. I must request your acceptance of the first Number of the Philadelphia Medical Museum; a work I have lately undertaken to conduct here. If you would occasionally enrich its pages by some of the stores of your information, I shall be highly flattered. You will, in this Number, see some remarks on the subject of vaccination; and you will also notice the recommendation of the burnt sponge, from your authority. As we have, in various parts of America, districts afflicted with bronchocele, I hope we shall be enabled to give it a complete trial. You will observe the correction of a mistake of the quantity of the sponge in each troche, which has, somehow, been admitted in your communication to the Medical Journal.

To the EDITORS of the MEDICAL and PHYSICAL JOURNAL.

Gentlemen,

EVERY circumstance relative to the blue pocks described by Dr. Coxe, convinces me that they were spurious; owing to the subject, in whom they occurred, having previously had the small-pox.

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1. There was great difficulty in producing infection.—2. The progress of the disease was uncommonly rapid.—3. The blue pock has in many other instances occurred, in my own practice and in that of others, when a person who has had either the small-pox or the cow-pock, is inoculated either with vaccine or variolous matter.

My account of the greater rapidity of vaccination in the negro is not founded on my own practice; it is, however, worthy of remark, that one very striking instance here recorded by Dr. Coxe, seems to countenance this opinion.

Dr. Coxe mentions an instance, in which matter for vaccination was taken from the arm ninety-three hours after inoculation. I have often taken it still earlier; and the same has been done by Dr. Jenner.

The mistake respecting the number of troches to be made out of the mass directed in the 4th volume of this Journal, is corrected in the next volume, p. 38. The disorder for which they are prescribed, is extremely common in this kingdom, as well as in other parts of the world; far more so than I could have imagined it to be: but those who are troubled with it, generally labour to conceal their misfortune, and endure it in silence, thinking it is of no use to complain.

I once thought it was not perfectly safe for any person to put a lozenge under the tongue when going to bed, as had been the custom in some instances; but I have now some patients who practice it with impunity, and even with considerable advantage; the delicacy of their stomachs scarcely permitting them to pursue any other course.

In a former letter, dated June 4, 1804, Dr. Coxe observes, that vaccination has appeared very opportunely, in order to prevent the ravages of this wide-wasting war from being so severely felt. He laments the lukewarmness of too many medical practitioners; who, without entertaining any doubt of the efficacy of the cow-pock, submit to inoculate for the small-pox, in compliance with the solicitations of the vulgar and ignorant part of the community; and, he might have added, with the dictates of their own sordid self-interest. He thinks such conduct criminal in the highest degree; and declares, that nothing should tempt him to follow their example.

He says, "I have lately succeeded in exciting the cow-pock with a scab nine months and three weeks old; the longest period, as far as I know, in which it has proved successful.

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successful. This discovery of Mr. Bryce, respecting the scab, is of vast importance; as it will enable us to preserve the infection amongst us, I hope, without difficulty.

"In one of the last Numbers of the Medical Repository, I have given an account of a very remarkable vaccine pock, as to size. It was at least an inch and half in diameter, with the perfect character of the disease; yet, not accompanied with any extraordinary symptoms."

To this valuable communication from Dr. Coxe, I beg leave to add the following interesting letters from other Correspondents,

"SIR,

"Having been disappointed by some cow-pock matter I lately received, I take the liberty to request you will send me two or three vaccinators charged with that virus,

"I have every reason to be satisfied with the security which vaccination affords against the small-pox; having repeatedly inoculated those with variolous matter, whom I had vaccinated two and three years before, without its producing any other effect, than a local inflammation on the arm.

"As I am writing to one who interests himself so much on the subject of vaccine inoculation, and who may be numbered amongst its most strenuous and able supporters, I trust I shall be excused for pressing on your attention, a practice I have used for several years as a test of constitutional affection; and which is treated of at large, in a pamphlet written on that subject by Mr. Bryce of Edinburgh, and published in 1802. I must acknowledge, I do not attribute all the failures which are said to have occurred, in the security of vaccination against the small-pox, to the virus having produced a spurious pustule, or to the irregularity of its progress; but sometimes to the circumstance of its having excited a local effect only; which has not been succeeded by a correspondent constitutional action, on which alone the security of the patient depends. The same occurrence is continually observed in the inoculation of the small-pox; for repeated experience proves, that although the pustule on the arm be accompanied by an extensive surrounding inflammation, it is not an invariable proof of the absorption of the variolous matter into the system, from the patient's having afterwards taken the small-pox by contagion; *many instances of which have fallen within my own observation.* The only circumstance, which

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in that disease can be considered as a test of constitutional affection, is its being followed by a variolous eruption; unless indeed the same practice should have been adopted, which I am recommending in the cow-pox. The vaccine disease however being followed by no eruption; the febrile action being in general so extremely slight, and having nothing to characterize it; and considering the areola on the inoculated part, although a strong, yet only a presumptive evidence of security; I have, long before the publication of Mr. Bryce's Treatise, availed myself of what I consider so decisive a test of constitutional affection, that I scarcely ever omit it. About the sixth day, when the vesicle on the inoculated part is formed, or about three days before the areola may be expected to come on, I insert the point of a lancet into the vesicle; and with the lymph which exudes, I inoculate the other arm, and as many other patients as may be present in the same state of forwardness. The progress of the second inoculation is very dissimilar from the first; it proceeds more rapidly through its stages; exhibiting an areola at the same time with the vesicle on the other arm; so that upon examining them on the ninth or tenth day, they will be both found in an equal state of forwardness, the only difference being, that the second is of a more diminutive appearance. I consider this as so decisive a test of constitutional affection, and one which scarcely ever fails to take place, especially in children, that unless it does, I never venture to warrant my patient's security against variolous infection; but advise the inoculation to be repeated at a subsequent period. Having acted in this cautious manner for several years, and attending particularly to taking the virus at the earliest period possible, I have had the most satisfactory proofs of its efficacy in resisting the contagion of the small-pox.

"I hope, Sir, you will excuse the freedom I take in offering you these observations. If they are of any importance, I know no one, under whose sanction they will be more generally attended to; and if unimportant, I presume you will readily pardon an intrusion, which proceeds from an anxious desire to establish the credit of vaccination on the basis that I am convinced it merits; and which, with proper precautions, it must finally attain.

"I am, &c.

"T. Hugo."

Crediton, Nov. 8, 1804.

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"To Mr. RING.

"Sir,

"While I admire the very commendable zeal you have exercised for the interests of humanity, with respect to the cow-pock, it affords me a very sensible pleasure to have it in my power to adduce the clearest evidence, as far as one instance can go, of the truth of your position, stated in the Medical and Physical Journal for September, 1804, p. 282; that an insusceptibility of the small-pox at one period, is no proof the party will not be liable thereto at another.

"Several years before the cow-pock was introduced, or even spoken of here, I inoculated two children of Mr. White, of the Excise, then residing at Huntly, now at Frasersburgh; one a boy, the other a girl. The latter received the infection, and had the disease in the usual way; the former resisted it. He was again inoculated with recent matter from his sister's arm, but to no purpose.

"In the year 1801, Mr. White having three other children, wished to have them vaccinated. On this occasion I stated to him, that although his son had twice resisted infection under one state of the system, he might not under another; and that he ought to have a chance with the other children. The father's reply was, that he thought him secure against all attacks; but if I was of a contrary opinion, he left it with me to determine.

"He was therefore vaccinated again, together with the three other children. These went through the regular cow-pock; but no impression was made upon the boy, beyond what the scratch of a pin would have produced; and even this speedily disappeared.

"Determined to make a last effort, I again vaccinated him with matter taken, on the seventh day, from the arm of one of his sisters; which, at length, succeeded: the symptoms were mild, and his recovery perfect.

"His age, at the time of the first inoculations, was about two years; at the second, between six and seven. He was each time in good health; and perfectly free from eruptions.

"If the above case can be of any use, to prevent parents from placing too great a confidence in what may, at best, be only a doubtful security, it is much at your service. It cannot be in better hands.

"I am, &c.

"Alex. Thompson, Surgeon, N. Britain."

Huntly, Oct. 20, 1802.

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The following is an extract of a letter from Mr. HECTOR, Surgeon, of Aberdeen, dated November 14, 1804.

"THE matter I received from you, on vaccinators, answered very well; and I have just now finished inoculating the second parish in this neighbourhood, in the course of the summer. In the former there were 364 vaccinated; in the latter nearly 700. My private practice has been in proportion.

"There is, besides, an institution in this town, at which the Hospital surgeons and some others attend; where, I am informed, nearly a thousand have been vaccinated this year.

"The benefit and utility of the practice to mankind will not, I believe, now be doubted by the most incredulous; and although the progress of the infection through its different stages, in the constitution, is never severely marked, it has evidently, in many instances, a beneficial effect; by carrying off the cause, be what it will, of indifferent health in children. I have often seen very tender and weakly children, of different ages, arrive at such a state of health after vaccination, that the parents themselves, although differing in opinion on other points, respecting the efficacy of the practice, have candidly acknowledged this good effect."

The preceding letters are too valuable to be suppressed. The proposition, however, of a second vaccine inoculation, appears to me too general. I am fully convinced, that every person who has the genuine and complete cow-pock, is secure from the future infection of the small-pox, as far as he can be rendered secure, either by vaccine or variolous inoculation. It may, nevertheless, be an useful hint to those who are inexperienced, and who are not well acquainted with the characteristics of the cow-pock; it may enable them to dispel any doubt that may arise, either in their own minds, or in the minds of others. On this account, I frequently practised it in the infancy of vaccination; and Dr. Jenner and others did the same.

I am, &c.

JOHN RING.

New Street, Hanover Square.

To

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To the *Editors of the Medical and Physical Journal.*

GENTLEMEN,

HAVING in some of the preceding Numbers of your Journal, made observations upon the case in Fulwood's Rents, I take the liberty to offer a few remarks upon that report of the committee, which was noticed by you in your last number. In doing this, I hope that every gentleman who composed that committee, (to a great part of which I owe my present situation) and the respectable characters of whom any mention may be made in my examination of the report, will believe me to be actuated by the sole motive of endeavouring to rescue the character of *genuine* vacciola from the suspicion (which I conceive to be ill founded) of not possessing sufficient efficacy to preserve the constitution from the future infection of the small-pox. The report of this committee must be considered as an important publication, which will be sought after with great eagerness in different parts of the world. Those celebrated characters, De Carro, Odier, Sacco, and other distinguished men, who have been the instruments of propagating the happy discovery through extensive tracks of the globe, will most certainly read with surprize and great concern, the concluding opinion of the committee, viz. "That there seems no reason to question the regular progress of the vaccination in Nancy and Mary Hodges; nor the existence of the small-pox more than two years afterwards in the latter." The great importance which must be attached to this statement, will most certainly excuse any observations which I may make upon any part of the Report; and I assure myself, that the authors will be exceedingly happy if it can be made to appear highly probable, that either the former or the latter part of their statement is ill founded.

Were I to take up this subject as a casuist, I might object to the manner in which the experiments of the inoculations from Mary Hodges were conducted. I might make some inquiries with respect to the instrument used, and the close inspection of the committee at the time of the matter being taken from Mary Hodges, and inserted into H. A. a boy aged eight months, Case 3; and Mary Robins, aged five months, Case 4. The other inoculations being of the second generation, can only be considered as dependant upon the validity of the two first cases. I migh ask hen,

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in the first place, what lancet did Friend Morgan use? Was it one furnished to him by the committee; a new one, purchased on purpose to avoid any chance of other matter being attached to it?.

Friend Morgan, it appears from the report, had been attending patients with the small-pox, perhaps inoculating others for that disease, (Vide Report, page 10): Did he use any lancet which had ever before been soiled with variolous matter?*

The presence of any part of the committee during the second series of inoculation, is not of any consequence; all the importance of the report attaches to the first series, and rests entirely upon the faithfulness and accuracy of the inoculators, who alone took, and kept, and applied the matter. These are circumstances which must be remarked by every stranger. I know Morgan too well, and have too high a respect for his ingenuousness of character, to suspect him to be capable of exercising any legerdemain in his experiments; but this gentleman is not known to all the various characters who will investigate the report, and therefore, arguing as a perfect stranger, or casuist, I might say, there is a defect in the record, for it is only in the mouth of two or three witnesses that every word should be established.

Notwithstanding the want of vigilance, which appears to me to have marked the proceedings of the committee on this most important affair, there is certainly a very great shew of it, in exhibiting copies of the register of the case, when under inoculation for the cow-pock; yet, what end can it answer to exhibit the cases from which the original inoculation was made? If the committee had exhibited from the register, cases of perfect vacciola by inoculation (with clean lancet) from Mary Hodges, they would have taken the only perfectly tenable *extra se* ground on which to erect their conclusion, that in Mary Hodges the "progress of vaccination had been regular."

* I remember it once happened to me, that I had ten or twelve subjects to inoculate, when the sun was set, and candles not yet lighted; that I had a perfect case to inoculate from, but I thought the pock was too far advanced; I had no other, and ventured to use it. Inoculating each arm, I made more than twenty insertions of matter. I saw the subjects in a week, and one pock only was produced; the marks of the other punctures were all passed away. I found it had been the third insertion of my lancet which had produced the perfect effect; and concluded that the instrument, in constant use, had had a particle of active matter, dry or hard, on its point; that, on the first and second insertion, it was not yet dissolved; that on the third, it had been sufficiently softened to be wiped off from the lancet and left behind in the puncture.

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Their proof, they say, rests on the following evidences: 1st, The register. 2dly, The declaration of the inoculator, who considers the appearances and progress of vaccination to have been perfectly regular and satisfactory. 3dly, The cicatrices or marks remaining on their arms.

The first of these evidences, viz. the register, seems by far the strongest offered in proof of the vacciolation having been complete. The recollection of any officer at a public institution extending to individual cases, (unless there have been something peculiar in them) would afford an instance of capaciousness, and of retention of memory, beyond the ordinary stretch of the human faculty. Cicatrices, not distinguishable from those which are left by inoculation, are produced from other causes, from a wound by a rusty nail, or from any other destruction of integument.

But, respecting the register itself, I see in it marks of vacciola not having yet been perfectly understood; for, at an early period, I find remarked, as a peculiarity, "*no pustules*," though no pustules is what we regularly expect, and what we find in vacciolation. I have seen "pustules," it is true, and had much anxiety about them; but it was where I had absolutely to refuse the gold which the confiding Spaniards pressed upon me, even when I told them my suspicions. (The opinions in my letter to the Governor Fox, page 54 of your last Number). These pustules, or spurious pocks, were elevated, contained lymph, and had a blossom, but the blossom was not the areola of the cow-pock; it was undefined and indistinct. It is to be feared, that thousands of such degenerated pocks may have been produced in early practice, before the beautiful vacciola was so generally known as it now happily is.

Has Mary Hodges undergone some such partial effect from vacciolation as the young Spaniards, who afterwards suffered so little from the small-pox? If so, she may also have had so imperfect a variola as to cause many of us to think that it was only varicella which was present.

Let not my worthy friend, the respectable gentleman who inoculated the child, conceive that any thing like disparagement is meant in these observations. So late as the year 1801, I had great pleasure in inoculating from a subject so far advanced, that he complained of pain in his arm-pits. Even then, I erroneously thought it a proof of its being a perfect case, though those who have previously had the small-pox, are sometimes known to endure much in this way from the inoculation of vacciola. I inoculated

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from him with peculiar pleasure, but had the mortification to produce from him, in that late stage, only pustules or spurious pocks.

If the conjectures of the committee be right, that Ann and Mary Hodges have been perfectly vacciolated; that Mary has since had small-pox, and that Ann also has had it, according to the description of the mother, and the conclusion of the medical practitioner who attended her: If, I say, the two sisters inoculated, one in 1800, the other in 1802, have, now, contrary to the general experience, been found susceptible of any effect from variolous contagion, there must be in their family, as has been suggested to me by an experienced practitioner, some strange peculiarity of constitution, some singular susceptibility of infection. On this, the committee have offered no ideas, have not entered into any inquiries respecting what may have been the peculiar experience of the family of the father and mother under small-pox; whether they may have been affected by it oftener than once.

To conclude, if, in a few rare instances, persons, having undergone the natural or the inoculated small-pox, have afterwards taken the disease by infection, we may very naturally expect a susceptibility of the variolous infection in a few rare instances, after the cow-pock. This susceptibility, however, for any thing the committee have yet published, "remains to be proven."

Salisbury Square, 8, *xii*, 1804. JOHN WALKER.

P. S. On finishing the above, arrived the letters of the day. "Notwithstanding," says a correspondent north of the Tees, "Report of vaccine influence having failed in a late instance, you will have the goodness to forward me a fresh supply of matter; being assured, from the first introduction of the practice, that the fault depends entirely upon the inoculator's inattention or want of information."

"I will thank you for any new information, as the report gains credit here, and consequently arrests the attention of the parents who have inoculated with vaccine fluid. I am, &c."

The above may prove the fitness of your making haste to shew, if it can be shewn, that the committee may have possibly made some conclusions which are incorrect, on a subject where so very little of reasoning can be employed. The "*morbi, semel tantum in decursu vitæ aliquem afficientes*," must ever baffle every attempt to explain or even to offer any comprehensible theory on this peculiarity. Their history can never be composed but of simple chapters of facts.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Have very often proposed to myself to address you; but sometimes the difficulty of the first introduction has prevented me; sometimes the subject on which I meant to write did not, on a second view, appear sufficiently important or new for a first address; sometimes I waited until the following month, when I found my observations anticipated, and very ably too, by a Candidus or a Medicus; and sometimes I deferred, through indolence I fear, giving you certain facts or remarks until the period was past from which they would derive if not great part of their value, at least the salt to render them interesting Neither of these can I fear on the subject of vaccination, for its value must be ever independent of times and seasons; and it wants not any salt to render it interesting: its value, like gold, will be stable and certain; and though it may sometimes be adulterated with too much alloy, the fire will again render it pure; and such is the trial vaccination is now undergoing. Perhaps I am wrong in thus giving you my sentiments, before I have stated the experience from which they have sprung; but as the importance of the subject to mankind is the stimulus which has induced me to bring forward my testimony, so I may be excused allowing some of its operation in this preface. I am deeply sensible too, and I wish that medical men in general were more so, of the fault of omission, as well as commission, or, in other words, that I may be negatively as well as positively unjust. I say, I wish that medical men were in general more impressed with the idea that it is possible to be guilty of the first species of injustice; for I am sure, if they were, many valuable facts would not be lost to the world. It may, and I dare say has been said by individuals, as well on the subject of vaccination as of influenza and others, "I need not give my opinion, nor my testimony, there are a sufficient number to do so without me; mine will be lost, or be superfluous, in the general voice." But they must recollect, that many particles constitute a heap of sand; and they do not consider, that if all were to reason in like manner, all would be silent. I have made this latter remark, as I feel it applicable to myself at present; I mean, though the testimony I were to give you may be considered as small particles, yet I think it right to add them to the general heap. When

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When the cow-pox was first named here, I believe it was only *with a smile*, as in many other places; yet I do not think we were here any later in adopting it, than in other parts of the kingdom; for the practice commenced in this place in the end of 1799, and was very general in 1800. In May, 1801, now three years and a half ago, my then youngest child was inoculated with the cow-pox matter, and the arm exhibited the usual signs of the genuine disease, which was communicated to the system in an evident manner. The year following I had another child inoculated with the cow-pox matter, (now two years and a half ago) and it went through the disease in as satisfactory a manner as the first. I then determined to inoculate them both with variolous matter; but by this time variola had totally disappeared in this neighbourhood, as it was not to be found within an extensive circuit. Sometimes I was told of its being in a neighbouring village; but on farther inquiry, or inspection, it proved to be the chicken-pox, or some similar eruption.* The small-pox being thus, as it were, extinguished, I was more indifferent about the second inoculation; still my inquiries, with those of Mr. Ingham, surgeon, who inoculated my children, continued; and it was only within these few weeks that Mr. Ingham succeeded in procuring some matter. It is supposed the small-pox was at last brought to this neighbourhood by some of the military, or by the cloaths of some of their children. My two young folks were therefore inoculated with the variolous matter on the 14th of last month. The punctures began to inflame within six hours after the insertion of the matter; the inflammation was very considerable on the following day, and increased to the fourth day, when it began to subside; on the fifth day a second inflammation began, with appearance of suppuration about the wounds, which went on till the seventh, when it began again to subside; and it nearly disappeared on the 10th, leaving an irregular scab on the surface of the suppuration. The children kept perfectly well, not being in the smallest degree affected with the presence of a *large quantity of variolous matter* in their arms. I could not perceive even the axillary glands affected in either. This

* The chicken-pox is called here by different names, vulgarly, the *water-jugs*; a little farther north, I believe, it is sometimes called the *horn-pox*; and a little farther, the *swine-pox*. Whether, however, these different names are applied to the same species of eruption, I do not assert positively; and will be glad to be informed by any of your Correspondents.

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This was the experiment decisive of the security of the vaccine disease against the small-pox, at the distance of three years and six months in the one case, and of two years and six months in the other. I ought to mention, that the youngest, at the time of being vaccinated, was very much affected with the eruption peculiar to young children, well known by the name of the *red gum*, or the *strophulus* of Dr. Willan, which was attended with convulsion, and was wholly relieved from this troublesome complaint by the vaccine disease, and has continued ever since in perfect health. The child had, before vaccination, at various times, different species of this eruption. When I first wished to inoculate my children with small-pox after the vaccine disease, I entertained, I confess, *some small* degree of scepticism, which is, in my opinion, not to be condemned in medical men. That unbelief had been long ago removed; and I now inoculated them with small-pox matter, as a duty I owed them and the public *at this particular period.* This duty has been also felt by several gentlemen of the profession in this place, who have inoculated children for the small-pox after vaccination many years ago, with the same result as I have above stated. It was my intention to have waited for the *exact dates* of some of those cases, as, in four at least, more than four years elapsed between the two inoculations; but as *they* have not yet reached me, I will not now wait for them.

Just as I had written the above, I received a report of two of the cases alluded to, from Mr. Horn, surgeon, in this town, which I will send you as it is; and if it should appear to you too long for insertion, you can give the substance of it, as Mr. Horn requests.

To JAMES WOOD, M. D.

Dear Sir,

I MUST make my situation since I saw you on Thursday last, (having never left my room, where I have been fast moored by my inveterate enemy the gout) plead my excuse for not having complied sooner with your request.

Master C. a fine healthy boy, near four years of age, who had passed through the vaccine disease in his early infancy, was, at the request of his friends, inoculated by me on the 2d of November, 1804, with fresh fluid *variolous matter*, taken that morning. I made a slight puncture in one arm, avoiding as much as I could to injure the cutis; and then re-inserting the point of my lancet, well

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well charged with fluid matter, (taken from a piece of lint which had been soaked in several well maturated pocks on the 7th day from the eruption) I endeavoured, by pressing down the cuticle with my nail while the lancet was underneath the skin, to leave the matter between the cutis and the cuticle; and in doing this, the least possible *speck* of blood appeared. On the other arm I made the slightest scratch, for about one-sixth of an inch in length, through the cuticle, so as just to reach the cutis, and then separating, or rather stretching, the two sides of the little scratch, I wiped the flat part of the lancet, well charged, upon the skin. Next morning, the 2d of November, both the puncture and scratch were much inflamed, and the redness extended to the circumference of a half-penny; the 4th of November, and third day from the operation, reckoning the day it was performed as the first, the redness was much less, and I was a little in doubt; the 6th of November the redness was entirely gone off, and a little scabby appearance remained, which disappeared in two days, and the child never felt any other symptom whatever. I cannot give you the exact age of my patient, he having been taken home to London; neither can I tell you the exact distance of time from the *vaccine inoculation*. I am, however, pretty certain that he was near four years old; and I am sure he was vaccinated very early, under a practitioner of high celebrity in town.

On the 3d of November, 1804, I inoculated Miss B. between four and five years of age, and who had been vaccinated above four years before by your late friend, Keenland, when she shewed every appearance of the genuine disease. The variolous matter was taken from the same patient from whom I procured that employed for Master C. The same method was used, and the same appearances followed, with rather less redness on the second day; but yet with far more than usually appears in small-pox inoculation at the same period.

These are the only two I have inoculated with variolous matter since the doubts respecting the preventive effects of vaccination have been made public. I have however inoculated several, I believe I may say scores of children, who had recently been vaccinated, and no particular effect followed.

I have lately, i.e. the 29th of October last, vaccinated a young lady, of about nineteen or twenty years of age, who had, at different periods of her life, been three times inoculated with variolous matter; but no disease ever followed,

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lowed, as far as I could learn, although three distinct pits or marks from the different inoculations were very visible. I took the vaccine matter from a well-defined pock on the arm of a healthy child the eighth day from the time it was vaccinated (still reckoning the day of the operation as the first.) The appearances on her arms were such on the second and third days, as to induce me to suppose the disease would follow. There was a slight redness and rising on each of the parts punctured and scratched, and she complained of stiffness and slight pain up the arm, extending to the axilla; on the fourth day these appearances declined, and on the seventh there were none remaining.

I am, &c.

Newgate Street, Dec. 5, 1804. FREDERICK HORN.

Next to the vaccine disease being a security against the small-pox, I consider the circumstance now fully established, that the second inoculation with vaccine matter, if the first has affected the system, does not produce a pustule similar to the first, or, in other words, which goes thro' the stages of the original vaccine pustule; of next importance, for if there is any doubt of the security produced by the first inoculation, a second inoculation only is necessary to remove all doubt, as if the pustule does not come forward in the regular way, but retains something similar to the small-pox after vaccination, a perfect security may be relied on, without having recourse to small-pox inoculation; which only keeps alive that dreadful disease, and tends to prevent its total extinction. On this point it may be curious to observe, that although the first vaccine pustule produced by the usual inoculation does not sometimes exhibit all the signs of a genuine pustule, by inflammation taking place in a great degree, yet the system is equally secure against the small-pox; and on a second inoculation with vaccine matter, the pustule does not go forward as soon as if the order of the first pustule had not been injured by too great inflammation.

It is yet the custom here with the common people to bring their children for inoculation to the Dispensary in the spring and autumn; it is therefore necessary either to procure fresh matter for each of these periods, or preserve some in the best manner possible. Some vaccine matter was preserved last winter, nearly for six months, at the dispensary here, in capillary glass tubes hermetically sealed; it had been preserved so before, and answered very well. This last spring, all the children inoculated with this matter

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matter had their arms violently inflamed,* and instead of the regular pustule and scab, a large crust of a brown colour with ulceration took place. Much apprehension for the security of so many children, about two hundred and fifty, naturally took place, and the inoculation was stopped, until fresh vaccine matter was procured from the Vaccine Institution in London. On procuring this, the inoculation went forward, and the usual pustule was produced. Altho' some of the arms of the first inoculation did not go on to the degree mentioned above, yet matter taken from them by private practitioners in the town, produced equal inflammation on the second remove; notwithstanding the violence of the inflammation, the security wished for was obtained without a general re-inoculation, (which would have been impossible) by all those who were inoculated a second time with the fresh vaccine matter, *resisting its second action,* in the manner I have mentioned before; and out of the whole number,† there has not occurred an instance of any one being seized with the small-pox, altho' it has made as much progress here of late as it seemed to be capable of. To give a general idea of the state of the arms of these children at the Dispensary, whose arms were so much inflamed as to destroy the progress of the regular pustule, and also of the difference of the pustule in the second inoculation, from the first, I will give one case as stated to me by Mr. Fife, surgeon, which occurred in his practice.

"That

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* The inflammation was so violent in two or three instances as to be supposed to produce an eruptive vaccine disease. In two cases I saw an eruption; the one appeared to me, and many others who saw it, to be *accidental* chicken-pox; the other was merely *a rash,* of an erysipelatous kind, not sensible to the fingers.

† The vaccine inoculation began by the Dispensary here, in March 1801; and the following is the report to the 3d of December last, from that period.

Inoculated in		Had the disease.	Did not take the disease.
1801, 2, 3, -	921	917	— 4
To Sept. 1804 -	451	451	— 0
To Dec. 3, 1804	186	186	— 0
	637		
		1554	4

Total - 1558 inoculated; and not one instance has occurred of any having been afterwards affected with small-pox, or any eruption like it. In the former reports of the inoculation of the small-pox, the number that did not take the disease, formed every year a much larger proportion than those that did not take the vaccine disease. The above report shews how much vaccination increases in favor here with the common people, who were invincibly averse to inoculation for the small-pox.

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"That part of the arm where the matter was inserted, put on the usual appearance till about the fifth day; it then looked as though the vesicle had burst: the inflammation from this time increased considerably, and instead of a distinct pustule, a large irregular crust formed, of nearly the size of half-a-crown, and successive scabs continued forming for near a month."

A second vaccination was attempted in this case two years and a half after, and the regular pustule did not take place; but after a hasty inflammation, which continued several days, at an equal degree, a small vesicle and scab were formed, without any areola, or succeeding scab, as takes place in the regular pustule on the first inoculation, when too much inflammation* does not prevent it.

The next circumstance deserving attention is, that in a second inoculation with small-pox matter, after vaccination, the appearance of the scab is different from the scab that follows the suppuration of the inoculated part in a first inoculation with small-pox matter previous to vaccination; this was first observed to me by Mr. Fife, who describes the difference as follows:

"When a child has been inoculated with small-pox, (not having before been vaccinated) the succeeding scab is generally of an irregular form, the colour resembling horn, and the edge very little elevated above the surface of the skin. In the trial I made with my own child with variolous matter after vaccination, an irregular crust was formed, which died away after the seventh day."

On the arms of my own two children, mentioned before, the same irregular crust was formed, and different from that which follows inoculation with small-pox matter *before* vaccination.

This observation appears to be of *much importance*, as it will tend to prove in all second inoculations with small-pox matter after supposed vaccination, whether the system had

* It has been observed, that any external sore, or inflammation, is evidently affected when the system is under the influence of the vaccine disease; in the case mentioned by Mr. Fife, he says, "The child, when first vaccinated, had a slight eruption nearly surrounding the right ear; after the irregular crust was formed, the eruption below the ear became much worse, degenerating into several small foul ulcers, which continued open near a month; the inoculated part continued forming successive scabs during the same time, and both got well nearly together." Was not the affection of the inflamed part near the ear, in this case, an evident sign of the system being under the influence of the vaccine disease? The second inoculation certainly went to prove this.

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had been really vaccinated or not; as, if it had, no eruption of course would take place, and the irregular scab would, or, vice versa, if eruption of small-pox took place, the appearance of the scab might, certify that the system had not been previously vaccinated.

My wish to send you this report in time for your next number, prevents my having the opportunity of rendering it so compleat as I at first proposed;* but I am induced to send it as it is, as you have not had any report whatever of vaccination from this district, which, considering its extent, and its population, is the more surprising. At the last meeting of the Medical Society of this town, the subject of vaccination, with the late cases of Mr. Goldson and Dr. Rollo, was fully discussed, and the Society agreed to the following conclusion: *That from our experience, we have no doubt whatever of the vaccine disease being a security against the small-pox, but only from what we have read.*

To this conclusion I will add a few more, drawn from what I have seen.

That the vaccine disease is a security against the small-pox, even although the pustule has been prevented, by too much inflammation, from assuming the regular appearance described by it.

That the eruption peculiar to infants, called *strophulus*, does not prevent vaccination being a security against the small-pox, although present when the inoculation takes place.

That after an effectual inoculation with vaccine matter, a second inoculation with the same matter does not produce similar effects, by the pustule not going on as in a first inoculation.

That the scab formed on the suppurated part produced by inoculation with the small-pox matter, differs in that performed after vaccination from that which takes place on inoculation with small-pox matter before vaccination.

Thus we are not infected here with any improper scepticism or infidelity. We know that there are neither general rules without some exceptions, nor general laws without some varieties; and we believe that the vaccine disease will have as few anomalous cases as the dreadful disease had, which it has, I trust, exploded; and that should it *ever happen* that small-pox takes place after satisfactory vaccination,

* I intended to have made my inquiries general by a circular letter to all the surgeons in this neighbourhood; but I found the undertaking would be too great for my time *at present*,

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vaccination, we are no worse than when small-pox took place after small-pox, but much better, because the chance of ever receiving the infection of small-pox will be so much diminished. I am, &c.

Newcastle-upon-Tyne, Dec. 5, 1804. J. WOOD, M.D.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

MINE of the 3d of November, against the word VACCIOLA, I beg leave in some measure to retract; but, if the word was by me termed *a mere barbarism*, it was so on the ground of Dr. Walker's defence of its being *only* "for the sake of euphony, and because of similitude." (Medical and Physical Journal, No. lxix: p. 440.)

He should rather have defended it, as I now will, thus: Dr. STOKES, from *Vacca*, had a right to coin *Vaccia*, to express *κατ' ἐξοχήν*, that particular bovine disorder, in which mankind is at present so greatly interested. But, as it is to the animal probably as *mild* an affection, as since its communication from the cow it has been to the human species, it may rather deserve the coinage of the diminutive *Vacciola*, to express a disease, which but in a small degree interrupts the health of either the brute or the human patient of it. Having established *Vacciola* upon this ground of preference to *Vaccia*; the at least equal euphony of the former, and also the similitude of its middle syllables to those of the long established Variola, may be adduced as additional arguments in its favor.

Văccĭŏlă, on such grounds, may stand, as expressive of the mild bovine disease. But, it may be said, Why may not another medical authority coin *Vaccīna* or *Vaccīnŭlă*? I will answer, Vacciola is a substantive, coined *immediately* from a substantive or substantives; whereas Vaccina, a substantive, is coined from vacca *mediately* thro' the adjective vaccina. Vacciola is solely on that account preferable to Vaccina, without regard to the vaccine articles of human food.

But, Vaccia and Vacciola, the latter preferable perhaps even to good compounds, are coinages, and nothing more. They express only what it is agreed they shall express. Vaccævāra and Bōūnŏsŭs, legitimate compounds, and bearing a precise meaning, may, with my consent, readily yield to the coinage Vacciola of Dr. Stokes; who, rather than Dr. W. may be entitled to this apology from me. Vácciola, both accent and quantity upon the first syllable, which alone is long, is a pæon primus. Vărĭŏlæ is a pæon 4tus, accent on the i.

The compound, which Dr. W. (in note, p. 440, as before,) has requested, may be, ANDRONOSUS, a first pæon, or the first syllable only long. Thucydides, in his description of the plague at Athens, terms it, if I rightly recollect, Νοσος, *κατ' ἐξοχήν*, because of its having been pre-eminently destructive. The same reason may support the term Andrōnōsŭs. BOUNOSUS is that bovine disorder, which *κατ' ἐξοχήν*, or pre-eminently, at present interests the world.

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The inoculation of it might also be termed, *Jĕnnĕrĭă;* thence, Jenneriation, Jenneriator, to jenneriate, and jennerious matter.

Nov. 5, 1804. Your's, &c. PHILOLOGUS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN my communication on the Management of Leeches, I purposely avoided hypothetical speculations; well knowing that they frequently mislead, instead of instructing us.

There have been two methods strongly recommended for the preservation of these useful little animals; but *experience alone* will determine, which we ought to prefer. The same unerring guide would, perhaps, lead us to make farther discoveries respecting them, were we to imitate their native ponds, by acquiring an exact knowledge of the contents of the water, &c. in which they are most plentifully produced.

We might then, by exposing them at different periods to the action of the atmosphere, when it undergoes its greatest variety of changes, observe their resources when they attempt to avoid the inconveniences of a change of temperature, or the sudden afflux of a fresh quantity of the surrounding medium.

As experiments of this kind, which are at once both useful and amusing, may be made without much trouble or expence, I should hope that some of your Correspondents will apply themselves, and give the result of their observations through the medium of your valuable publication

I am, &c.

Nottingham, Dec. 5, 1804. JOHN WHITLAM.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE subsequent question may appear to you sufficiently interesting and important to justify the assertion of some facts relating to it, in your highly respectable and widely extended publication.

How can it be explained that catarrh, phthsis, and rheumatism do not more prevail in Russia, as the inhabitants of this country are particularly exposed to great and abrupt changes of temperature? This is more particularly exemplified in their bagnios or warm-baths. These are either

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public or private. In the public, persons are admitted by paying a certain stipend. The private, which are very numerous, are attached to the dwelling houses of opulent individuals. The public bagnios consist of a large room or rooms with elevated seats, the uppermost reaching nearly to the ceiling. These rooms are heated by means of an oven, having some large pebble-stones at the top over the fire; these become heated almost to a white-heat, then boiling water is thrown upon them; the room is soon filled with vapour heated in proportion to the quantity of water thrown upon the stones, and is seldom less than 140° of Fahrenheit's thermometer.

The common people are in the habit of going to these baths two days every week. These are called the public bathing days. Here you may see from two to three hundred persons, perfectly naked, without any regard to age or sex. After they have exposed themselves to the above heat from ten to thirty minutes or more, they come into an open court yard in the summer, pour cold water upon their heads and bodies, and in the winter plunge themselves into snow. On their return from the bath the whole surface of the body is of a very florid colour; which does not disappear either on the exposure to atmospherical air, the affusion of cold water, or any other means; but continues for some hours, diminishing in a slow and gradual manner.*

The air of Russia is generally dry; the changes are very sudden, and the extremes great. Their winters are much colder than ours in England. It is not uncommon for the thermometer of Fahrenheit to be from 40° to 50° below the freezing point during a considerable period; at the same time that their summers are much hotter than ours.

A much respected and esteemed friend, Mr. Taunton, of Pater-noster Row, has communicated to me the results of his own personal experience with regard to the baths in Russia.

"June 28, 1803, three A. M. I went into the bath with my clothes on, heated to 45° of Reaumur's scale, equal to 133 of Fahrenheit, pulse 56; when I had been in twenty-three minutes it increased to 150, and afterwards became so quick as not to be numbered; profuse perspiration from every part of the body; respiration not much altered; a continued stream of water ran from the mouth and lungs. On

* See Fordyce's Dissertation on Fever, p. 168—9.

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On going into the air a slight sickness came on, and continued for some hours with a little difficulty of breathing. Great debility remained during the day, with a sensation of cold. Did not sleep at night, though apparently overpowered by it in the afternoon; the perspiration appeared to cease instantly on exposure to the air, (which was cool for the season) but a general softness came on the skin after walking about half a mile.

"June 30, 1803, six P. M. I went into the bath (first taking off my clothes) heated to 55° of Reaumur, equal to 156 of Fahrenheit; pulse 60; rose in ten minutes to 152, and in five minutes more became so quick as not be numbered. A violent smarting sensation was produced on the skin; respiration not much affected, but rather quicker than natural; dressed and walked into the air immediately; perspiration appeared checked, but took no cold, and did not get any sleep during the night."

I hope to receive from some ingenious correspondent an explanation with regard to the question suggested in this communication. If I should be disappointed, I shall venture to send you in a little time my own conjectures, in relation to this curious and important subject.

I am, &c.

Southampton Row, Russell Square
Dec. 6, 1804.

J. REID.

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

An Enquiry into the Efficacy of Oxygen in the Cure of Syphilis; to which are subjoined, a few general Observations on its Application in various other Disorders. By CHARLES PLATT, *Surgeon to the New Finsbury Dispensary, and Member of the Royal College of Surgeons, London.*

THIS work begins with the inquiry, whether gonorrhœa and lues arise from the same poison? in which the author, after recapitulating the arguments of Swediaur, Bell, and Hunter, decides in favour

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favour of the latter. Mr. Whateley's revived notion of ulcers in the urethra is introduced; and Mr. Platt expresses his suprize at an opinion so inconsistent with experience, an accurate knowledge of the parts, and of the disease. Some practical remarks follow, on the treatment of gonorrhœa virulenta and gleet, which evince the industry and good sense of the author.

We now enter on the history of the substitution of nitrous acid, and afterwards of oxygen, in any form for the mercurial salts, traced from Mr. Scott to Dr. Beddoes, Mr. Watt, Dr. Rollo, and Mr. Cruickshank. After this follow the author's own experiments. Four cases of well marked primary venereal ulcers or chancres are related, in which the nitrous acid was ineffectually tried, and the patients were at last cured by mercury. Two others are subjoined, in which the same consequences followed, from the use of oxygenated muriatic acid, and two more, one of primary, the other of secondary symptoms, in which oxygenated muriate of pot-ash proved equally ineffectual.

The author now enters into the most important part of the work, viz. to show that all this difference of opinion must have arisen from some difference not sufficiently attended to in the local diseases thus treated. He shows how necessary it is to be more accurate in discriminating appearances, before we give credit to remedies. "This interesting inquiry, he observes, was originally instituted by Mr. Hunter, and hath since been prosecuted with much labour and ingenuity by Dr. Adams,* who has thrown a considerable portion of light on a subject hitherto involved in much obscurity." Some long quotations follow from Dr. Adams's work, tending to prove the variety of ulcers to which the genitals have been always liable, as appears by the writings of authors who described them before the venereal disease was known. Dr. Willan's observations on prurigo pudendi, are next introduced, as a further proof of the uncertainty of these local complaints. Lastly, Mr. Hunter's suspicions, "that new poisons are arising daily, in many respects similar to the venereal, though not in all," close the general quotations on this enquiry.

The author now touches on a subject which we cannot help wishing he had omitted altogether or informed himself better. "There is, says he, another disease, which from its occasionally attacking the genitals, and assuming some similarity to syphilis, is frequently confounded with it. In Africa, the West-Indies, and other places, it is known under the name of yaws; in Scotland, is usually termed sivvens or sibbens; and which Mr. Bell and some other writers, consider as a variety or peculiarity of the venereal disease." It is unnecessary to follow our author any further on this subject, as there is reason to believe he is mistaken in his first position. Though sivvens in Scotland is sometimes called yaws, yet

* Vide Adams's Observations on Morbid Poisons, Phagedæna, and Cancer,

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yet yaws in Africa and the West-Indies is never called sivvens, and the two diseases are perfectly different in character, and the course each of them pursues. It is very remarkable that Mr. Platt should have fallen into this error, when the authorities to which he refers, are in direct opposition to him. Dr. Gilchrist and Mr. Bell both speak of sivvens as incurable, excepting by mercury, and say nothing concerning the impossibility of the same persons being infected twice in their lives. Mr. Hunter speaks of yaws as a disease which runs through its course, and leaves the patient for ever free from a future susceptibility of the infection. It is true, neither of them describe the diseases they respectively mention with sufficient accuracy. This is still a grand desideratum. In one of our Journals, however, the reader will find that Dr. Adams has received the prize from the London Medical Society, for his description of yaws; and we trust his late journey into Scotland for that purpose, will furnish a satisfactory account of sivvens.

Mr. Platt now attempts an accurate discrimination of the chancre from all the other ulcers on the genitals, with which it has been confounded. His first diagnosis is that hard or thickened edge and base which is peculiar to this disease. His next remark is, that the chancre is attended with little or no pain whilst the phagedænic ulcer is peculiarly painful. This last distinction we apprehend the author intends to be considered as only comparative, for the chancre is always attended with uneasiness, and in some irritable habits with considerable pain. Two valuable cases are subjoined of ulceration in the genitals, of that complexion which is often mistaken for venereal, and which the Author treated as such. But the progress of the diseases, and the remedies to which they yielded, convinced him of his mistake, and induced him to class the symptoms "under that description of diseased action which Dr. Adams has denominated the sloughing phagedæna or *nigrities serpens* of Celsus." This section closes with some judicious observations, strengthened by Lord Bacon and Mr. Hunter, on the indiscriminate love of novelty, and the necessity of accuracy and patience in pursuing every inquiry.

Another division of the work follows, entitled, "Observations on the Pneumatic Doctrine." This contains many judicious remarks, but not much novelty. The reader will, however, find amusement in this recapitulation of the crudities of some modern practitioners, whose language was at one time so decisive. On the whole, we have found much satisfaction from the perusal of this tract, which we recommend to every practitioner who wishes so correct his knowledge, and render his practice at once more interesting and useful. We hope the Author will pursue his inquiries, and doubt not his future performances will be free from those little imperfections which in this we have reluctantly marked.

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The Invalid; with the obvious Means of enjoying Health and long Life. By A NONAGENARIAN, *Editor of the Spiritual Quixote, Columella, Reveries of Solitude, &c.* 8vo. pp. 147. Lond. 1804.

It is the title only of this little publication that gives it any claim to notice from the medical reader; but the lounger may find some spare minutes agreeably employed in running over a few desultory remarks and precepts of temperance, which always derive an interest in coming from the pen of one who (we suppose) has been enabled through temperance to reach the term of extreme age. The following is a sample of the pleasant garrulity of this second Cornaro.

"But man, as lord of the creation, by his prerogative, falls foul on whatever comes in his way, and ransacks the universe to gratify his voracious appetite; the fowls of the air, the fishes of the sea, the beasts of the forest, with vegetables of every *genus* and every *species;* not only "herbs, which were intended for the use of man," but roots, which seem reserved for the food and the snouts of hogs; nay, even the excrescences of nature, mushrooms, and truffles, indigestible substances; which if they were ever intended to be eaten, it must probably have been by the inhabitants of the infernal regions.

"If temperance, however, regulated our use of these various articles of food with which Providence indulges us; if we killed the animals without cruelty, and cooked them with plainness and simplicity, they might be what Providence intended them, instead of what we too often make them; a blessing and not a curse: but when we torture them in taking away their lives, as we often do, and scarify and carbonade, and bedevil their flesh not only with pepper and salt, as we do the gizzard of a turkey, but adding a little *nutmeg*, a little *cinnamon*, a blade of *mace*, with chalot and onions, &c. and eat it with oil, vinegar, or mustard; such an heterogenous mixture, instead of producing a lacteous chyle, flowing through the alimentary canal, like the gentle stream of Arno, must become a caustic fluid, rushing like the fiery torrent of Vesuvius, harrowing up and tearing the vessels; or at least generate fevers, calentures, and every disease incident to the human body.

"The luxury of man, however, revenges itself upon his rapacity, and brings forth fever, gouts, and rheumatisms, and all the contents of Pandora's box, which infest the *human species* in every part of the civilized world.

"Some author calls physic and physicians necessary evils; they certainly are so; but we ourselves, by our excess and intemperance, make them necessary. A young extravagant spendthrift considers the law as a nuisance, and bum-bailiffs as his mortal foe; but, let him be more frugal, and a better œconomist, and the evil ceases, and jails and catchpoles become harmless things.

"Sydenham observes, a disease or fever, though inimical to the human body, is nothing more than the effort of Nature to expel the morbific matter, for the health and emolument of the patient. This

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seems to be the merciful provision of Heaven, to counteract the insatiate gluttony of the human race.

"Dryden, in his well-known lines, says, with truth, no doubt, that

'The first physicians by debauch were made,
'Excess began, and sloth maintains the trade:
'The wise for health on exercise depend—

"But, when he adds,

'God never made his work for man to *mend*—

"The poet imposes upon himself, as well as on his reader. Instead of *mend* he meant *improve*. A country carpenter could not *improve* a coach or phaeton made by a coach-maker; but if the axletree or wheel were broke, he could *mend* or repair. This is applicable to the physicians.

"The philosopher, Pythagoras, after having travelled over India, on his return settled in Italy, and, thence passing over into Sicily, said, the most remarkable circumstance he had observed in his travels, was a people who made two meals in a day.

"What would this philosopher then say, should he, in a state of transmigration come into England, (in the person of the wandering Jew suppose) where, instead of *praying* seven times a day, as the ancient Jews did, we *eat* seven times a day—we breakfast at ten in the morning, suppose we eat sandwiches or nonchins at three o'clock, dine at six, (I speak of sober people,) drink tea at eight sup at eleven, and if we spend a convivial evening, olives, or anchovies must give a zest to our liquor; if a ball is given, jellies, macaroons, &c. &c.; if hot, something more substantial is expected; and probably the day is concluded, as well as begun, with a second breakfast at five o'clock in the morning."

Elements of Galvanism, in Theory and Practice; with a comprehensive View of its History, from the first Experiments of Galvani to the present Time; containing also, practical Directions for constructing the Galvanic Apparatus, and plain systematic Instructions for performing all the various Experiments. Illustrated with a great number of copper-plates. By C. H. WILKINSON, Lecturer on Galvanism in Soho Square, &c. &c. Two vol. 8vo. pp. 468. London, 1804.

IN a very candid and sensible Preface, the author explains his design in the following manner:

"Soon after the important experiments of Galvani were announced, they were repeated and diversified by the most eminent Physiologists in every part of Europe. Their opinions having been diffused through different philosophical publications, the selection and arrangement of such of them as have been deemed worthy of the reader's attention, have been attempted in this present work.

"These materials I have not arranged systematically, but have principally been governed by the era of the original discovery. I have

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have divided the work into the two epochs which appeared the most interresting; the first consisting of the various discoveries, from the period of Galvani to that of the Voltaic pile; when the second epoch commences, and is carried down to the present time.

" The Historical Details constitute the first volume, and part of the second. The remaining portion I have devoted to the development of that particular theory which I have for some time entertained, and have adhered to the arrangement which I purposely made for the lectures I have given upon this subject.

" I have endeavoured to demonstrate the principles of Galvanism by those of Electricity. As, on this latter subject, I have presumed to entertain opinions contrary to those generally admitted, it has appeared to me absolutely necessary to set out by stating these opinions, before I should enter on the Elements of Galvanism.

" On this account it is that, after having closed the History, I have commenced the Elementary Part by several chapters on Electricity, with a view to the explanation of certain points, on which my ideas will be found to be somewhat novel.

" This work is illustrated by various plates; and such descriptions and explanations are introduced, as will enable every attentive reader to construct his own apparatus, and to repeat with facility any of the experiments. In the medical application of Galvanism, I believe no person in England has been more extensively engaged than myself; the results of my observations materially differ from those of the continental practitioners. In many instances I have derived from its employment the greatest advantage; while, in many others, I have found it productive of no good effect. In some cases, I am even led to think it rather injurious than beneficial.

" When, in the first instance, I entered on the medical application of this principle, I was led by the accounts of Grapengiesser, and other foreign physicians, to entertain the most sanguine hopes that it would prove one of the most active remedies we possess. Experience has taught me that my expectations were too ardent. It is probable, however, that my failure, in the cases in which it has been successfully employed abroad, may have originated from some circumstances of which at present I am not aware. I therefore trust that the statement I have made, will not discourage other practitioners from its use, as it is only from the united labours of professional gentlemen that its real utility can be ascertained.

" There are many complaints, in which I have found the principle of Galvanism a most beneficial and powerful stimulant, greatly superior to any effects I ever experienced from electricity. At a first view it may appear contradictory, on a supposition that both the principles are the same; that Galvanism, which is merely a weaker intensity of electricity, should, notwithstanding, prove most active on the animal frame. The reason of this I have attempted to explain; and I am induced to think that the influence of Galva-

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nism solely depends on the important agency it exercises in animal substances."

The division of the historical part of the subject is very judicious, the Voltaic discovery forming a most important æra in the history of Galvanism, and of natural science in general: and the uncommon beauty and brilliance of many of the experiments connected with the Voltaic pile, having remarkably contributed to render this, at present, a favourite branch of natural philosophy.

We may just remark, that the author's title, *Elements of Galvanism*, does not precisely reach the character of the work; at least two-thirds of it being a *history* of the experiments and opinions of those who have most distinguished themselves in these inquiries; were the present work merely elementary, much of this interesting part would have been superfluous, and a different and more select arrangement would have been required.

The first chapter is deservedly occupied by the discoveries of Galvani, with a short and interesting sketch of his philosophical life, extracted from the Memoirs of the Medical Society of Emulation at Paris. The accident which first led to the detection of that principle in animals, which has since been termed animal electricity, or, commemorating the great discoverer, *Galvanism*, is thus related.

"Galvani being one evening in his laboratory, where he was employed in making experiments in the presence of a party of his friends, several frogs, which had been skinned, and were destined for soup, happened accidentally to be placed on a table, on which was also an electrical machine; between the conductor and the frogs there was a certain space. One of the company who assisted at the experiments, having brought, unintentionally, the point of a knife into contact with the internal nerves of the thigh of one of these animals, the muscles of the limbs were instantly and powerfully convulsed. The wife of Galvani being present, was struck by the novelty of this phenomenon, between which and the disengagement of an electrical spark, she fancied that there was an agreement in point of time. On her making this observation to her husband, he resolved to ascertain the truth of so extraordinary a fact, and accordingly brought the point of a scalpel, or dissecting knife, in contact with the crural nerves of one of the frogs, at the same time that a spark was drawn from the electrical machine. The result was, that the same contractions were manifested. As it was possible that they might have been owing to the simple contact of the scalpel, which might serve as a stimulant, rather than to the disengagement of the spark, Galvani, to clear up this doubt, touched the same nerves of several of the frogs, while the electrical machine was in a state of rest. The contractions which had heretofore been observed did not ensue."

The theory suggested to this acute physiologist by these and similar phenomena, and by a comparison of them with the effects produced by electricity, has been the subject of much controversy;

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ty; but its ingenuity, and the reputation of the inventor, give it a claim to be commemorated. Mr. W. gives it in the following terms.

"The nerves," observes Galvani, "which are distributed in the different parts of the muscular system, and which receive or transmit the electrical fluid, have all of them a common origin in the cerebral organ; and it is not probable that these nerves, the structure of which is so varied in the universal economy of animals, should be the secretory organs of an homogeneous fluid, such as the one destined to excite the muscular contractions." He consequently supposes, in the first place, that all animals are endued with an inherent electricity appropriate to their economy, which electricity, secreted by the brain, resides especially in the nerves, by which it is communicated to every part of the body. And, secondly, that the principle reservoirs of this electricity, which he calls *animal*, are the muscles, each fibre of which ought to be considered as having two surfaces, and as possessing on this account, both a positive and a negative electricity, at the same time that it, in a manner, represents a small Leyden phial, the nerves with which it is provided being the conductors.

"The mechanism of the various movements is explained by Galvani in the following manner: The electrical fluid is drawn and attracted from the interior of the muscles into the nerves, from whence it afterwards passes to the external surface of the muscles; insomuch, that each discharge of this description of electrical phial is followed by a muscular contraction, which is the effect of the *stimulus* produced by the electricity. He was strengthened in this conjecture by the perfect analogy he fancied he could perceive between the phenomena of the Leyden phial in electricity, and the muscular contractions. However this parallel may have been since weakened by a few isolated facts, or rather, by the conclusions which have been drawn from them, it is certain that there is a striking similitude in the principal points."

It would be foreign from our purpose to attempt an abstract of the contents of the mere narrative part of Mr. Wilkinson's work; a moderate compass would not render it intelligible; and in this part, the author has only the merit of an industrious compiler, the experiments of Valli, Vassali, Volta, Humboldt, Fowler, &c. being duly detailed, and generally in the very words of the respective authors. Mr. W. clearly shews that he has studied the subject very extensively; and the portions that he selects of the different authors who have written on this science, are well calculated to give, in a moderate space, their leading facts and opinions.

We were particularly pleased with the concluding chapter of the first volume, on the application of galvanism to medicine; in which Mr. W. has selected the most curious parts of the very interesting ideas of Galvani, Grapengeiser, and, above all, Humboldt, on this untried and important subject. The reader will see with what ingenuity Galvani has attempted to transfer to the animal economy,

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phenomena observed in the electric machine; with what judgment Humboldt points out the particular classes of diseases, to the relief of which galvanism offers the fairest prospects, and how much remains to be done in the investigation of this branch of materia medica. Convulsive diseases, those that are generally supposed to depend more peculiarly upon morbid changes of the nervous system, (exclusive of external injury) have naturally occupied the first attention of these medical philosophers. If the success attending these first efforts has not corresponded with the sanguine hopes entertained, and has thereby entirely damped the ardour of pursuit in some zealous followers of this curious branch of natural philosophy, the sensible observations of Humboldt may be of service in keeping up its due importance with the public. Mr. Wilkinson thus details them.

" Humboldt's communication on the application of Galvanism to practical medicine, was addressed to M. Loder. After five years of constant researches into the laws by which the phenomena of Galvanism are governed, and into those which relate to the irritability of the nervous and muscular fibres, this celebrated physiologist was certainly enabled to decide on the application of these phenomena to practical medicine. After having agreed with M. Loder, that the principal advantage of Galvanic discoveries, consists less in its direct application to the derangements of the animal economy, than in the light it may throw on the nature of the nerves, and on the energy with which they are endued, he proceeds to observe that, in an age like the present, when a slow and progressive progress in the sciences is considered as a stationary state; in an age, in short, when a desire is manifested to collect the fruits before the flowers are formed, the experiments which have, from the moment they were conceived and made, promised a speedy and immediate application to the healing art, cannot have failed to attract the particular attention of the public, by whom such an application was in a manner anticipated.

" It is thus that galvanism has been occasionally recommended as the criterion of death, and at other times as a powerful and salutary stimulus in the diseases of the nerves. But, when an idea was in the first instance formed, of the electric fluid and its properties, was it not immediately thought that, in its action on the human body, it would supply a remedy for all the diseases to which it is subject? In the same way, after having noticed the galvanic phenomena, it has been latterly apprehended that two pieces of metal, employed in a particular way, would, as it were by enchantment, recall to life those who have perished by asphyxy, restore sight to the blind, re-establish, in all cases of paralysis, the use of the limbs, and, in a word, produce more salutary effects than the Faculty have been enabled to obtain from the multitude of chemical, mechanical, and other remedies, which have been employed for so many ages.

" Our physiologist, who is not an enthusiast on this subject, examines

amines cooly and without prejudice, what the medical science has a right to expect from galvanism, and subjects to a rigorous analysis the opinions propounded on this subject by the most distinguished naturalists. 'Let it not be forgotten,' he observes, 'that the science which is under our consideration, is still in its infancy, notwithstanding the time that has elapsed since its discovery. On the first occasion that soap-bubbles filled with hydrogen gas were observed to rise rapidly towards the ceiling of an apartment, the spectators were far from imagining that this phenomenon would furnish man with the means of elevating himself in the air, and of hovering with security over the ocean itself."

(To be continued.)

A Practical Treatise on the superior Efficacy and Safety of Stizolobium or Cowhage, (the Dolichos Pruriens of Linnæus) internally administered in Diseases occasioned by Worms; wherein are exhibited, a concise Statement of the Symptoms of the Disease, and the Uncertainty of most other Vermifuges now in Use. To which are added, Observations on some other indigenous Anthelmintics of the West Indies; and several Cases not published in any of the former Editions. By WILLIAM CHAMBERLAINE, Member of the Royal College of Surgeons, London, &c. &c. 12mo. pp. 134. London, 1804.

THE title of this little pamphlet announcing a ninth edition, no analysis of its contents appears to be required. The Author has now, very judiciously, prefixed Dr. Hooper's neat and accurate description of the different species of worms infesting the human body, first published in the second volume of the Memoirs of the Medical Society.

The following practical directions for the exhibition of the Cowhage may be useful, as they are obviously dictated by much experience.

"My usual way of preparing and administering the Cowhage, is in the form of an electuary, with honey, molasses, or syrup of a thick consistence. Formerly I was not in the habit of observing any exact proportion of the quantity of the setæ; but as, since the publication of the former editions of this Treatise, the demand for it has increased beyond my expectations, I have found it necessary to adopt certain formulæ for ascertaining the proportions; which proportions, although I find them in general to answer very well, I nevertheless, in some particular cases, find it necessary to vary; for there never yet existed any general rule, to which some exception or exceptions could not be found. After repeated trials and experiments, in the course of five and twenty years, (during which period I have been in the constant habit of exhibiting the Cowhage as an anthelmintic) made with a view of finding out the best vehicle for this substance, I cannot say that I have found any less exceptionable than the good old vehicle, common treacle, such as is to be had at every grocer's. I have tried conserves, but child-

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ren cannot be prevailed on so readily to take them. Honey would not be an incommodious vehicle, but it is not with every stomach honey will agree; for it is well known, that in some constitutions, violent colicky complaints are brought on by the smallest quantity of honey, or even by drinking any kind of vinous liquor in which honey enters as an ingredient: and there are these advantages in treacle. First, that every body knows what it is. Secondly, there are few children who do not like it. Thirdly, it is not apt to be spoiled, or to ferment, unless kept in too warm a place. And, lastly, it is gently aperient, and, in that view, an auxillary to the principal ingredient. But if, from a dislike of treacle, some other vehicle would be preferred, raspberry jam or currant jelly will prove very good substitutes.

"At the request of some indulgent parents, in order to *cheat* into compliance such of their children as could not be prevailed on to take any thing that has the appearance of a *medicine*, I was induced to turn in my mind how to exhibit the Cowhage in the form of a lozenge; and after some trials, succeeded in fixing on a formula that answers pretty well. It consists of a due proportion of things extremely simple: sugar, Indian arrow root, and gum tragacanth, but no efficient article except the Cowhage; unless in some few instances of private practice, or at the desire of the medical practitioner who attends in the family of the patient.

"But, though I have had many communications of the good effects of the lozenges, I cannot say I place so much dependance on them, or recommend them in my own practice, (unless where I meet with refractory and spoiled children, that are masters and mistresses over their mamma's) as I find the simple electuary, made with nothing but Cowhage and treacle, answer every purpose.

"Of this electuary, a tea-spoonful is in general found to be a sufficient dose for children, from infancy to the age of six or eight; from thence to fourteen, a desert-spoonful is found to answer well; and for all above that age, a table-spoonful. Formerly, I thought it might be sufficient if taken once a day; but experience has shewn me, that it answers better when taken twice; viz. at night, going to bed, and in the morning AN HOUR BEFORE BREAKFAST; and though little or no previous medicine is necessary, yet it is *generally* found to operate more effectually where a *gentle emetic* (provided nothing forbids it) has been premised.

"The Cowhage, after being begun upon, is to be continued for three or four days; after which, some brisk purgative, such as jalap, or infusion of senna, or, in short, whatever purging medicine is known to agree best with the patient, is to be taken; which will in general bring away the worms, if there be any. Afterwards, the Cowhage is to be continued as long as there may seem occasion; repeating the purgative at intervals of three or four days."

Account

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Account of Diseases in an Eastern District of London, from November 20, to December 20, 1804.

ACUTE DISEASES.		Amenorrhœa	4
Peripneumonia Notha	4	Menorrhagia	3
Ephemera	3	Chlorosis	4
Dysenteria	7	Diarrhœa	14
Rheumatismus Acutus	5	Paralysis	2
CHRONIC DISEASES.		Rheumatismus Chronicus	30
Tussis	25	PUERPERAL DISEASES.	
Tussis cum Dyspnœa	30	Menorrhagia Lochialis	5
Dyspnœa	17	Ephemera	4
Catarrhus	5	Ischuria Vesicalis	1
Hæmatemesis	2	INFANTILE DISEASES.	
Phthisis Pulmonalis	3	Diarrhœa	10
Hydrothorax	2	Ascites	1
Hepatitis Chronica	1	Ophthalmia	2
Ascites	3	Vermes	4

MEDICAL AND PHYSICAL INTELLIGENCE.

Queries relating to the Natural History of Syphilis.

Mr. Blair, surgeon of the Lock Hospital, &c. has been lately engaged in adding some notes to a translation of the celebrated Dr. Girtanner's Treatise upon the Venereal Disease; in which is contained a more elaborate and complete history of its origin and progress, than we have seen in any other publication. Many of our readers may not know that Dr. Girtanner has taken great pains to establish the common opinion (which Astruc espoused) of syphilis having been originally imported into Europe from America, by the companions of Columbus, in the year 1493.

But, Mr. Blair is said to have long since entertained an opposite opinion, and therefore has been induced to examine all the arguments on this subject, *de novo*. The general result of his enquiries (which he informs us were diligently prosecuted many years ago) is, that the venereal disease did not exist either in the American Islands or Continent, prior to the discoveries made by the Spaniards and others; and that there is no sufficient evidence of its transmission from Spain to Naples, and from thence to France, by the contending armies of Europe, who were at war about the year 1494.

Mr. Blair has communicated to us a few *queries* relative to this subject; which we willingly submit to the attention of our readers, in hopes that some correspondent may furnish him with a reply in our future Numbers.

1. What

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1. What diseases among the ancients bore the nearest resemblance to syphilis, or the confirmed lues venerea, as it now exists in most parts of the globe?

2. Is there not good reason to conclude, that the yaws, or pians, (Frambœsia of Nosologists) prevailed in Asia, Africa, and America, at the precise time when the lues venerea was reputed to have made its first ravages in Europe?

3. Were not the yaws mistaken for the venereal disease by the early discoverers and historians of America; and has not this mistake given rise to the popular notion of syphilis being of American origin?

4. What epidemic disorders were predominant in Spain, Germany, Italy, &c. when the symptoms of lues venerea made so great a progress in Europe, and especially in those countries which were at war with France, before the conclusion of the 15th century?

5. Are there any positive historical proofs, founded on ocular evidence, of the genuine venereal disease existing among the sailors of Columbus, at the time of their return from Hispaniola to Portugal and Spain, A. D. 1493?

6. Was not the syphilitic virus conveyed to St. Domingo by the Spaniards, of whom Columbus says one hundred and sixty were infected in August, 1498; rather than that they received this infection from the native West Indians, as is generally affirmed by medical writers?

7. Have not the Europeans disseminated this direful complaint over the American continent, and among the South-Sea islanders, as well as in other newly discovered countries, where the syphilis was previously unknown?

8. Is there at present any nation in the world among whom this disease has not been experienced, or has but very recently been introduced; and can it now be eradicated entirely, or mitigated in its symptoms wherever it already exists?

Dr. WOLLASTON has discovered another new metal in crude platina, to which he has given the name of Rhodium. It is dissolved, together with the platina, in nitro-muriatic acid. From this solution, the platina being thrown down by sal-ammoniac, a plate of zinc precipitates all the other metals except iron. The black powder thrown down by the zinc is digested in very weak nitric acid, to dissolve any copper. The whole is then dissolved in nitro-muriatic-acid. Mix the solution with common salt, evaporated to dryness by a very gentle heat; wash the residuum with alcohol till the alcohol comes off colourless: what remains behind is a soda-muriat of rhodium. Dissolve it in water; add a cylinder of zinc; heat the black powder which is thus obtained, mixing it with borax. The powder becomes white, and acquires a metallic lustre. In this state it is pure rhodium. The name was given in consequence of the fine red solutions which it makes with acids. It is infusible; its specific gravity is 11. It is not precipitated by sal-ammoniac, common salt, prussiat of potash, or hydro-sulphuret of ammonia.

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RESOLUTIONS OF THE DOCK JENNERIAN SOCIETY.

The undersigned medical gentlemen of this town have seen with extreme concern the late malignancy of the Small-pox, which, in several instances, have again swept away nearly whole families. They lament these effects of this destructive disease the more at this time, because *they have immediately arisen from the introduction of it by inoculation*; a practice which, from its very commencement, has, by maintaining a source of perpetual circulation to this fatal poison, added considerably to its general mortality. Adverting to these irresistable facts, they have again consulted together; and, after the most deliberate re-consideration of all the existing circumstances connected with Vaccine Inoculation, feel themselves *conscientiously* and *professionally* called upon to adhere to their former resolutions and reciprocal engagements; and have accordingly renewed their determination, *not to inoculate for the Small-pox*, excepting after the inoculation for the Cow-pox; and that only in peculiar circumstances, where an experiment may be required to satisfy doubting parents. But in no instance can they *recommend* the exposure to so *malignant a poison*.

They judge the communication of these Resolutions, coupled with the practice of inoculating their *own families with the cow-pock exclusively*, the most decisive and satisfactory means of conveying to the public their perfect reliance on this mild preventive, for protection against the small-pox.

While the undersigned are industriously and disinterestedly endeavouring to remove *so pestilential a disease* from this town, it would give them the highest satisfaction to see the medical gentlemen in the neighbouring towns, generally and unitedly engaged in adopting similar means, to accomplish so desirable an end.

In prosecuting, therefore, the attainment of a great public benefit, by a means sanctioned and recommended by the Legislature, they deem it no deviation from the strictest attention to *professional etiquette*, respectfully to solicit the co-operation of their medical brethren.

VAUGHAN MAY, M. D.	JOHN SMITH,
ROBERT SARGENT,	JOHN LOWER,
DANIEL LITTLE,	JOHN PENKIVIL,
RICHARD DUNNING,	JOHN BONE.
DIGORY MORRIS SPRY,	

N. B. The Subscribers again invite the poor in this neighbourhood to avail themselves of this mild and effectual protection against the small-pox; they can be inoculated gratuitously at the usual time and place, or at any time, by application to the respective houses of the subscribers.

Plymouth, Dec. 14, 1804.

BILL

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BILL OF MORTALITY,

For PORTSMOUTH, NEW HAMPSHIRE, for A. D. 1803.

By LYMAN SPALDING, M.B. &c.

COMPLAINT.	AGE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.	Total.
Abscess in the lungs	19, 53 years		1								1			2
Apoplexy	85, 54, 48 years			1		1					1			3
Asthma	40 years				1									1
Atrophy	2, 12, 2m. 11d. 3m. 2y. 18, 14m. 3w.	1					1	1	1	1	2		2	9
Bleeding from the lungs	55, 61 years				1		1							2
Cankerrash or Scarlatina	11, 6m. 1m. 5, 1, 17, 2, 25, 22, 35, 1, 20, 3, 3, 22, 11, 6, 4, 10, 3m. 6, 10m. 9, 37, 3, 3, 4m. 4, 12, 16, 1 years	6	5	5			2	4	5	2	2			31
Cholera of Infants	3y. 6m. 18 months							1		1	1			3
Cholic bilious	33, 30 years	1						1						2
Consumption	40, 69, 39, 38, 25, 36, 24, 18, 27, 72, 43, 38, 35, 48, 15, 22, 24, 15, 44, 60 years	4	2	4			2	1		1	2		4	20
Convulsions	60, 20, 2w. 3w. 1w. 4w. 38, 1d. 14, 1, 39 years			1	1		2	3	2				2	11
Dropsy	55, 40, 28, 3, 47, 77, 40, 44, 22 years	2		2				2	1		1		1	9
Dropsy in the brain	10, 4m. 18, 6m.	2					1					1		4
Dropsy on the head	2 years					1								1
Dropsy in the breast	21 years								1					1
Dysentery	9 months									1				1

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Epilepsy – – – – – – – – – – – 40, 1 years										1		1	2
Erysipelas – – – – – – – – – – – 5 months				1									1
Fever and Ague – – – – – – – – – – 18 years					1								1
Fever bilious – – – – – – – – – 17, 40 years			1		1								2
Fever pulmonic 50, 22, 46, 50, 72, 23, 62, 56, 70, 72, 7, 77, 35			1	2	5	2			1	1	1		13
Fever typhus – – – – – – – – – – 71, 53 years			1								1		2
Inflammation of the bowels – – – – – – – 23 years						1							1
Jaundice – – – – – – – – – – – – 49 years		1											1
Lock-Jaw – – – – – – – – – – – – 38 years		1											1
Nephritis – – – – – – – – – – – – 43 years							1						1
Old age – 87, 88, 74, 80, 74, 82, 78, 78, 86, 86 years	3	1	2		1	1	2						10
Palsy – – – – – – – – – – 58, 82, 36 years				1	1						1		3
Phrenzy – – – – – – – – – – – 48, 24 years						1					1		2
Premature birth – – – – – – – – – – – –				1				1					2
Quinsy – – – – – – – – – – – 2, 22 years										1	1		2
Scrophula – – – – – – – – – – – 12 years			1										1
Casualties. Overlaid – – – – – – – – 1 month				1									1
Casualties. Suicide – – – – – – – – – 28 years								1					1
Total –	19	11	19	9	11	14	16	12	7	13	6	10	147

BIRTHS. { Males – 106 / Females – 107 } Total – 213

Portsmouth, situated 43°, 5′ North; 6°, 26′ East Longitude from Washington, contains about 6000 inhabitants.

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ROYAL JENNERIAN SOCIETY.

Dr. WALKER, in a letter to the Editors, dated Salisbury-square, 3, xij, 1804, says, — "The notice which ye gave last summer (1804) has brought an unremitting demand on the Central House for the matter of inoculation from all parts of the empire; and the applicants have not yet been disappointed. Will ye request them to send their letters, under cover, to Francis Freeling, Esq. General Post Office. I have been struck with the delicacy of those gentlemen who have left the enclosed letters unsealed. Such proof to the Postmasters General, though not required by them, shews that no private business is carried on by abuse of their generous liberality; shews that the humane and patriotic object, of giving facility to the Society, and to those who are disposed to co-operate with it in the pious attempt to exterminate the small-pox, is not perverted. In one or two instances, medical men remain unsupplied, from their giving their address imperfectly; some such cause is the only one that can ever put them into such predicament, and possibly excite in them a suspicion of neglect.

"Those who receive matter from the Central House ought to be in possession of the information that it is mostly sent to them on the day on which it was taken, which is commonly the viij. day of inoculation. At an earlier period it is peculiarly active, but small in quantity; at a later, it is less to be depended upon. This latter description of it I sometimes use myself, knowing that I shall have the opportunity of seeing the effect of it, and of re-inoculating in case of failure; but I should badly merit the confidence of the Medical Council of the Society, if I sent out matter to the world of which I was not certain of its producing the genuine vacciola.

St. THOMAS'S and GUY'S HOSPITALS.

The Lectures for the ensuing Season, at these adjoining Hospitals, will commence on the 1st of February.

St. Thomas's Hospital. — Anatomy, human and comparative, by Mr. Cline and Mr. Cooper. Principles and Practice of Surgery, by Mr. Cooper.

Guy's Hospital. — Practice of Medicine, by Dr. Babington and Dr. Curry.

Chemistry and Experimental Philosophy, by Dr. Babington and Mr. Allen.

Theory of Medicine and Materia Medica, by Dr. Curry.

Midwifery and the Diseases of Women and Children, by Dr. Haighton.

Physiology, or Laws of the Animal Economy, by Dr. Haighton.

Regular Clinical Lectures on select Medical Cases, by Drs. Babington, Curry, and Marcet.

Some time in the Spring will be given a Course of Lectures on the Structure and Diseases of the Teeth, by Mr. Fox, surgeon-dentist; and on the Veterinary Art, by Mr. Coleman, Professor at the Veterinary College.

These several Lectures are so arranged, that no two of them interfere with each other in the hours of attendance; and the whole is calculated to form a complete Course of Medical and Chirurgi-

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cal Instruction. Terms, and other particulars, to be learnt from Mr. Stocker, apothecary to Guy's Hospital, who is also empowered to enter gentlemen as pupils to such of the lectures as are delivered at Guy's. Among the numerous improvements that are now carrying on at Guy's Hospital, intended to facilitate and to increase the acquisition of medical and chirurgical science to pupils, not only a new, enlarged, and commodious Lecturing Theatre has been built, so contrived as to admit of the several chemical processes being carried on before the class; but there is already in considerable forwardness, an extensive Library and Museum, in which, along with the valuable collection of books belonging to the Physical Society, there will be deposited the various morbid preparations that are daily accumulating, with a correct account of the respective cases to which they belonged, so as to form a registry of Practice, and a collection of facts, that must prove of the utmost importance to future inquirers.

Numbers of gentlemen in extensive business, to whom opportunities occur of procuring preparations of singular rarity and value, but which become nearly useless when confined to their small private collections, will thus have the means not only of rendering them extensively beneficial, but of perpetuating their names as contributors to the common stock of Medical Science. Accordingly, not only those who have received their professional education at this Hospital, but many others, whose names and talents are of the first rank, have promised their assistance towards the undertaking.

Medical Theatre, St. Bartholemew's Hospital.

The Spring Courses of Lectures will begin at this Theatre in the following order:

On the Theory and Practice of Medicine, by Dr. Roberts and Dr. Powell.

On Anatomy and Physiology, by Mr. Abernethy.

On the Theory and Practice of Surgery, by Mr. Abernethy.

On Comparative Anatomy and the Laws of Organic Existence, by Mr. Macartney.

On Chemistry and the Materia Medica, by Dr. Powell and Dr. Edwards.

On Midwifery and the Diseases of Women and Children, by Dr. Thynne.

The Anatomical Lectures will begin about the 30th of January, 1805, and the other Lectures in the course of the same week.

Further particulars may be known by applying to Mr. Nicholson, at the apothecary's shop, St. Bartholemew's Hospital.

Theatre, London Hospital.

Mr. HEADINGTON and Mr. FRAMPTON, will commence their Spring Course of Lectures upon Anatomy, Physiology, and the Principles and Operations of Surgery, on Saturday, January 19, at two o'clock.

Demonstrations and Dissection as usual, by Mr. ARMIGER.

Dr. DENNISON will lecture on the Theory and Practice of Midwifery.

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Medical Theatre, Clifford Street, Burlington Gardens.

Dr. BADHAM's Course of Lectures on Medicine and Chemistry, will commence on Monday, January 21, at the usual hour. The Medical Lectures at eight, the Chemical at nine in the morning; a Clinical Lecture will be delivered twice a week, on such cases as may be sufficiently interesting in the limits of the Westminster General Dispensary. For further particulars apply to Dr. Badham, No. 15, Clifford Street, where, or at the Dispensary in Gerrard Street, a prospectus may be had.

Theatre of Anatomy, Blenheim Street, Great Marlborough Street.

Mr. BROOKES will commence his Spring Course of Lectures on Anatomy, Physiology, and Surgery, on Saturday, January 19, at two o'clock. A suite of commodious apartments, thoroughly ventilated, and replete with every convenience for the purposes of dissecting and injecting, will be open every morning till two o'clock, where Mr. Brookes attends.

Dr. BRADLEY's Lectures on the Practice of Medicine will commence on Wednesday, the 9th of January next, at his house, No. 25, Parliament Street.

Dr. BATTY will commence his Spring Course of Lectures on the Theory and Practice of Midwifery, and on the Diseases of Women and Children, on Monday, January 21, at half past ten o'clock, at his house, Great Marlborough Street.

Mr. BLAIR's Physiological Lectures, for the information of scientific and professional gentlemen, amateurs of Natural History, students in the liberal and fine Arts, &c. will recommence on the 8th of January; and be continued every succeeding Tuesday and Friday evening, at eight o'clock precisely. This Course is illustrated by select anatomical preparations, drawings, models, casts, and a living muscular subject. Further particulars may be learnt at Mr. Blair's house, Great Russel-street, Bloomsbury, where may be had a printed Syllabus of the Lectures.

Mr. CHEVALIER will commence his next Course of Lectures on the Principles and Operations of Surgery, on Wednesday, Jan. 30, at seven o'clock in the evening, at his house, South Audley Street, Grosvenor Square, where printed particulars may be had.

We are happy to learn, that the Proposal laid before the Public several months since by Mr. SANDERS, for the Establishment of a Dispensary for the Relief of Diseases of the EYE and EAR, continues to meet with the most respectable patronage; and that the fund already subscribed is sufficient to warrant the immediate organization of the Charity.

To CORRESPONDENTS.

Communications are received from Drs. Domeyer, Hall, King, Male, Trotter, and Weatherhouse; Messrs. Hume, Scott, Tayuton, and Wilkinson.

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THE

Medical and Physical Journal.

VOL. XIII.] FEBRUARY 1, 1805. [NO. LXXII.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

OBSERVATIONS ON SELECT SUBJECTS IN SURGERY. By MR. SIMMONS.

(Continued from our last, pp. 7—10.)

ON AMPUTATION.

AN historical detail of the material improvements successively introduced into the operation of amputation, would exhibit no bad specimen of the progress of the human mind, in its advancement from rudeness towards refinement. My present object, however, as introductory to the observations that follow, is to offer nothing more than a rapid sketch on the subject.

In the most rude state of the art of surgery, the limb was amputated by a perpendicular incision, without saving either muscle or integument towards covering the wound, and the actual cautery was the means employed to suppress the ensuing hæmorrhage. Such an operation as this, in those ages, would in itself expose the life of the patient to the most imminent hazard, as the hæmorrhage would very commonly be renewed on the exfoliation of the eschar, so as again to require the immediate application of the cautery. A succession of sloughs would in this manner be formed, according to the frequency of its repetition, and the loss of blood on the separation of each, even though not considerable in quantity, more than an enfeebled constitution could well support. With these sources of apprehension, the pain, at times inevitably severe, and long and draining discharge from so extensive an ulcerated surface, would also combine, and render a recovery, under such circumstances, rather an escape than a probable result.

The invention that came first in aid of this class of sufferers, was the securing of the divided arteries with the needle and ligature. For this the world is indebted to Ambrose Pare, who thought himself inspired, so delighted

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was he when he invented it. Unquestionably, it was a very great improvement; and not unlikely, at a later period, incited Fabricius Hildanus to the use of the cross-stitch; a simple expedient, which, while the muscles shrunk in their dimensions, would gradually approximate the severed integument, and very much accelerate the healing of the wound.

The flap-operation was a still further improvement upon this; but it is to be lamented, that soon after it was first proposed, it fell into disrepute, because several patients on whom it had been performed, died some time after. Yet, as the wound healed in these, surely it would have been more consonant to truth and reason, to ascribe their decease to the ravages of the pre-existing distemper that had led to amputation, than to infer it as the consequence of the new mode of operating.

The prevailing opinions in physiology will ever, more or less, influence the practice of the healing art; and as discoveries are progressively made in those branches of it most nearly allied to medicine, corresponding alterations will be produced in the views and conduct of the practitioner. To the present highly cultivated state of that science we are indebted for union by the first intention, now mostly aimed at after any chirurgical operation, and always I believe after the amputation of a limb. On the previous steps, however, of this operation, surgeons are not so well agreed; therefore, as my opportunities of experience in it have been considerable, I propose to offer a summary of the method which I now pursue. And for the sake of perspicuity, I shall arrange my observations under the following heads. 1. *Division of the soft parts.* 2. *Retraction of the soft parts.* 3. *Division of the bone.* 4. *Securing the arteries.* 5. *Binding up the Limb.* 6. *After-treatment.*

As a preliminary in every amputation, the proper application of the tourniquet need hardly be specified. Many varieties of this instrument are in use among surgeons, but the one which I prefer is delineated and described in the 8th volume of Medical Facts and Observations, edited by Dr. Foart Simmons. It has, at least, equal power, and possesses better security than any other. The tourniquet being properly fixed, we next proceed to the operation itself.

1. Division of the soft Parts. In an amputation at the usual place above the joint of the knee, (from which I shall take my first example) by a single incision I cut at once through the integuments and flexor muscles, in a straight line,

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line, down to the bone, on the underside of the limb; and then, on the upper side, I complete the annular incision through the integuments *only*. These are next separated by dissection from the extensor muscles, which are now divided in turn down to the bone, likewise by a perpendicular incision, and close to the margin of the everted integument. The mass of muscles underneath is now detached from the bone to a proper distance, to correspond in length to the separated integument above; and lastly, any undivided muscular fibres that may still remain, may be severed by the circular motion of the knife. Of the quantity of muscle and integument together below, and of integument above, proper to be saved, the operator will judge by the rules generally prescribed, as by the union of both it will be his aim to completely cover the end of the stump after the operation. The advantages which I propose to the patient by this simple division of the flexor muscles, are, a quicker execution of this part of the operation; by not separating the integument from the muscles, less, or rather a very moderate degree of suppuration; and, after the healing of the wound, a more even surface, and better bolster to rest upon. Also, I might truly add, that a more speedy cure is thus obtained, than by any other method that I have practised.

But when it is necessary to amputate below the knee, with one exception, considerable variations are introduced. If the limb is moderately full of flesh, and there is reason to believe that the integuments will afford a proper rest in walking, the integuments and muscles should be divided in the customary manner: if, on the contrary, these parts are much extenuated, it will be expedient to form a flap. In forming the flap, my method is to push the point of the amputating knife, in an horizontal direction, at once through the substance of the leg in contact with the tibia and fibula, and then, in a line parallel to these bones, to carry it down to a suitable distance to form a flap of a proper size, when, by a sudden turn of the edge, the knife is made to cut its way almost directly out. On the upper side, I next make a *lunar* section, extending from angle to angle, through the integuments, which are now separated by dissection from the muscles underneath, as in the former instance. The remainder of this part of the operation will thence consist in the division of the extensors of the foot, and any other muscular substance yet undivided.

As by the closure of the extremities of the divided ar-

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teries and contraction of a portion of their tubes, the muscles will necessarily shrink to nearly one half of their magnitude at the time of the operation, the flap should be formed sufficiently large at first to allow for this diminution. And the fitness of the *lunar* section of the integument over the tibia, to cover the thick margin of the flap, and save the weight of the body in walking from resting upon new formed skin, is sufficiently obvious. By it the healing of the wound will also be considerably expedited, and its permanency likewise established.

2. Retraction of the soft Parts. Thus far the operation may have succeeded to the wishes of the surgeon; but he will still incur disappointment in the result, unless the retraction of the soft parts be properly executed. For this purpose, different methods have been employed: the more simple ones have consisted of a piece of coarse cloth, or pliant leather, with suitable divisions for above or below the knee; and more recently, retractors of tin, or of iron, have been substituted for these. However, all are exposed to the objection, that they hinder a full view of the parts immediately concerned in this stage of the operation; and the latter, in particular, are apt to push the saw below the point marked upon the bone for sawing through it. When this latter accident does occur, the end of the stump is rendered uneven, to the patient's future inconvenience in walking; or, if in a still greater degree, it may terminate in an exfoliation, and prolong the cure. From some trials which I have made with a net-retractor, these several disadvantages may, I think, be obviated. A piece of a common cabbage-net, with suitable divisions in it, will answer the purpose very well. One made of silk may be still better in several respects, though perhaps not very material. But, whether the one or the other be preferred for general use, the meshes should be about a quarter of an inch square.

As the numerous fasciculi of muscular fibres, as well as the muscles themselves, are held together by cellular membrane, pressure upon many distinct points, without making it equably over the whole surface, will effectually keep them back. The operator will thus obtain a distinct view through the interspaces; and he will find a small hook useful to him to expand, narrow, or tighten any particular mesh. *(See the engraving.)*

3. Division of the Bone. Having completed the retraction of the soft parts, we next proceed to saw through the bone. Here especial care should be taken to support the

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Mr. Simmons's new Surgical Instruments. p. 100.

Q. Mr. Hale's Case of diseased Stomach. Vol. III. p. 164.

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the limb very steadily, and in a direction exactly horizontal; to apply the edge of the saw at a right angle to the bone; and, in working, to bear lightly upon it at the beginning, and again towards the close. These precautions are necessary, to prevent any unevenness at the extremity of the bone, and also to keep it from splintering. And, to avoid any obstruction to the working of the saw, the upper assistant should very gently elevate, while the lower one correspondently depresses that portion of the limb respectively consigned to the care of each. Yet, if after all this assiduity and attention, on the part of the surgeon and his assistants, any splinter or spicula of bone should remain, it may be taken off by the bone-forceps, or blunted by the file. Surgeons are in the habit of using a common file for this purpose; but, on all occasions, and especially in a large muscular limb, a file with a rest for the fore-finger upon the back of it, and a curvature leading to the handle, will be found more convenient. *(See the engraving.)*

4. Securing the Arteries. An important part included in the operation of amputation, is the securing of the divided arteries. These should be very deliberately, and very diligently sought for, drawn out by the tenaculum, and then secured by ligature, firmly but steadily drawn. It was formerly the practice with some surgeons, as they supposed, to prevent it from slipping, and to give additional security, to pass a ligature by means of a needle thro' the extremity of the bleeding vessel; a precaution that is at least superfluous, as I have never yet been surprized by hæmorrhage, after amputation; and I have never employed any other instrument than the tenaculum.

5. Binding up the Limb.—As we now always aim at union by the first intention, much sedulity is here required. In an amputation above the knee, first removing every thing tight, the integuments should be drawn down, and supported by a few turns of a roller passed round the limb; the blood is then sponged up from the surface of the wound, the muscles are properly disposed, and the ligatures likewise arranged. The lips of the wound are then brought accurately into contact, and in this position secured by strips of adhesive plaster transversely applied. In applying the plasters, care should be taken that they adhere to the lips, which otherwise are apt to retire. Over all, the usual dressings and bandage are now placed, and the patient is carried to bed.

In an amputation below the knee, where the integument

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only is preserved to cover the end of the stump, the lips of the wound should be retained in contact in a perpendicular direction, or the upper angle of the tibia may force its way through the skin, producing ulceration, and perhaps an exfoliation from the bone. To this direction of the wound, the plasters should be applied also transversely, and the whole secured as in the former instance.

But, when the operator has thought proper to form a flap, the above instructions will be somewhat varied. In adjusting the parts in this case, the portion of integument included in the *lunar* section should be drawn down, so as to form a sort of cup for the reception of the flap, which will then be lifted into its proper receptacle, and retained in it by the adhesive plasters and other dressings.

6. AFTER-TREATMENT. The operation may now be considered as finished in one of the several ways which I have proposed; yet, to attain success ultimately, much still remains to be done. Alarming accidents may and do supervene after amputation, and are so diversified in their nature, as on some occasions to require an opposite mode of treatment. But, my present observations are meant to apply to that state of the system connected with scrofula. The long continuance of a white swelling prior to amputation, has commonly so impaired the patient's health, and exhausted his strength, as obviously to interdict any means of depletion; and will render it necessary to prevent the loss of blood as much as possible during the operation.

To abate local irritation, and tranquillize the mind, I commonly keep the patient under the gentle influence of opium for a few days, by giving half a grain of the substance, or ten drops of the tincture, every six hours, recollecting to double the evening dose. Where the occasion is less urgent, the full dose at night, and half next morning, will often suffice. The morning dose is chiefly prescribed here to relieve the head-ache, languor, and nausea, left by opium in some constitutions. Were it not sold as a *nostrum*, the *black-drop* might be substituted with advantage for every other internal preparation of opium, as it is free from their unpleasant effects.

In a day or two after the operation, if not contra-indicated by any particular symptom, to support the strength, promote good suppuration, and forward the disposition to heal, the bark may be exhibited. And if it should load the stomach, or act on the bowels, a useful corrective will be found in a few drops of tincture of opium in each dose.

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To these remedies should also be joined a light and nourishing diet

For the most part, the first dressing should be made on the third day after the operation, and then daily, except the second dressing, which I like to defer another day later, to give time for a more firm union in the parts that may have adhered. But the early dressings should be renewed with great care and exactness; because it is still in the power of the surgeon to correct inadvertency, or supply omission, and to mould the stump into almost any shape. Finally, the ligatures may be expected to come away in ten or twelve days, and the cure completed in two or three weeks; the patient's health and strength recruiting gradually with the healing of the wound.

[To be continued.]

ESSAY ON THE ORIGIN OF THE EPIDEMICAL FEVER IN SPAIN, *with an abridged Plan for its Cure, and some Proposals to prevent both Progress and Return of similar Epidemics. By* W. DOMEIER, M. D. *Physician to the Forces.*

THE investigation of the cause of the epidemic, now ravaging the south of Spain, Marseilles, and Leghorn, is certainly a matter of the utmost importance, as well to the speculative philosopher and practical physician, as to the inhabitants who labour under this horrid scourge, because it is the only way to find out an infallible cure. I venture therefore to hope, that a few observations, even in this abridged manner, such as the limited room of this Journal prescribes, will be acceptable to its readers.

Suppose I should have the misfortune, not to convince every one of what I state, on account of the brevity to which I am obliged to confine myself, I am, notwithstanding comforted by the reflection, that it is always useful to consider matters, belonging to the practice of physic, in different points of view, till infallible cures shall be discovered. By these means the truth is sooner found out, than if the disease should be always treated in the same imperfect way. Many important truths, when first discovered, have met with the fate to be rejected, but, on more mature consideration, were afterwards generally acknowledged. Who does not know what adversaries Gallileo found,

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when he published the revolution of the Earth round the Sun; yet, is there any body who doubts it now?

Most of what I shall say of the epidemic in Spain, is, with little difference, applicable also to the plague in the Turkish states, to the yellow fever in the tropical climates, to the jungle fever in Ceylon, to the Hungarian fever, to the malignant ague epidemic in Italy, to the prison fever, to the ship fever, to the inirritative fever, to the typhus and to the low nervous fever, because all these denominations signify only different gradations or modifications of the same disorder, which manifests itself by symptoms of putridity, as they are commonly called. Amongst others, by a great prostration of strength; by derangement of the faculties of the mind; by blood, less apt to coagulate, when out of the vessels; by several appearances of the skin, viz. petechiæ, a change of its natural colour into a yellow or lead hue; a dry heat in the beginning, which feels unpleasant to the observer, and in the more advanced state, clammy and sometimes cold sweats.

The peculiarity, that all the above named fevers attack at the same time the generality of the inhabitants of a province, of a town, of a ship, or of a prison, convinces us, that its cause also must be a general one, and of a nature to influence all the inhabitants in a similar manner, because they all suffer alike. It cannot therefore consist in the diet, neither in the exercise, nor in the manner of dressing, nor in keeping regular or irregular hours, nor in the state of mind, nor in many other things, which are so differently observed by a whole public; though we remark at the time of an epidemic, a general and uniform aberration from the healthy state in all the inhabitants, or at least with so small differences, as additional causes, like uncleanliness, subterraneous habitations, &c. can easily explain.

Consequently we conclude, that the cause of so general and violent a distemper, exists in a circumstance which,

1. Is equal to its effect.

2. Which influences equally all classes of the inhabitants; and,

3. Of the greatest consequence for regulating the degrees of animal life; that is to say, to cause either good health, illness, or death.

Let us then examine, whether we might find in the atmosphere a cause, equal to, and in sufficient connection with, the effect, so as to be convinced that this cause is

about

more satisfactory to a philosophic mind than any other that can be assigned.

It is certain, and an axiom in natural philosophy, that nothing in the whole of nature has a more general, sudden, uniform, and greater influence upon all classes of mankind, than the atmosphere; and that nothing is more essential to the continuance of health and life, than its qualities. The great influence of the atmosphere upon the human constitution is not only confined to breathing, but is manifest also by its effects upon the whole surface of the body in the following ways:

1. By pressure.
2. By imbibing the particles of the insensible perspiration.
3. By being partly absorbed by a set of vessels, distributed for this purpose over the whole skin.

Every practitioner, whatever his knowledge in Natural Philosophy may be, is aware, that certain alterations in the atmosphere produce certain alterations in our constitution, which we signify by the general denomination, Disease; and specify them according to the symptoms which most strongly strike us, by particular names, as plague, ague, rheumatism, dysentery, cough, &c. Or, is there any person who does not know, that rheumatism, cough, and pneumony arise after continued north-east winds? Colds and diarrhœas, after cold and damp weather? the first has even got the name from its cause. Typhus and dysentery after a hot summer? Ophthalmy after too bright an atmosphere? Chilblain after frost? Diminished sense of hearing in too rarefied an atmosphere?

I also call the attention of the reader to another fact, which elucidates in a great degree, what I wish to prove; I mean, that because some changes in the atmosphere happen pretty regularly in certain seasons, also some diseases make their appearance regularly in the same seasons. To this class can be reckoned vernal and autumnal agues; the plague in Egypt, when the atmosphere has imbibed numberless exhalations from the overflowing of the Nile. Cough and colds in the autumn. Dysentery and typhus in the latter end of the summer. Pneumony and sore throat in the winter.

Another strong proof of the remarkably great influence of the state of the atmosphere upon our constitution, we find in such diseases as are peculiar to particular countries, and which originate mostly from particular qualities of the atmosphere in those countries. This is in a number of instances

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instances so accurate, that we could undertake to write a pathological geography: In which, Egypt would be the country of Ophthalmy; the Turkish dominions, of the Plague; Low Hungary, of the Hungarian Fever; the Antilles Islands, of the Yaws; Barbadoes, of Elephantiasis; the West Indies, of the Yellow Fever; America, of Syphilis; Ceylon, of the Jungle Fever; England, of Asthma and Gout; Holland, of Ague; Swisserland, of Bronchocele and Cretins; Poland, of Plica Polonica; Lombardy, of Pellagra; the North Sea, of Scurvy. But these examples, I presume, are sufficient to prove, that a particular state of the atmosphere produces particular diseases, corresponding to this state.

This being proved, let us now consider:

1. What is the particular state of our atmosphere proper to preserve health and life? and,

2. What alterations happen, capable of causing indispositions, or an aberration from good health?

To the first question, I answer, that an atmosphere, fit for breathing health and life, ought to consist of seventy parts of nitrogen, twenty-seven of oxygen, and commonly three of carbonic acid gas. This contains nearly also the answer to the second question; namely, 1. That each variation from this particular state is productive of some one or other disease, even of death, if the oxygen gas is altogether nearly wanting. 2. That each addition of strange aeriform fluids renders the atmosphere more or less fit for respiration and productive of diseases, according to their quality or their quantity, by which they diminish the proportion of oxygen. Their quality, like sulphuric vapour, is sometimes so baneful as to end life immediately.

After having endeavoured to convince by what has been said, that different states of the atmosphere have the power either,

1. To continue animal life; or,

2. To end it; or,

3. To produce diseases:

We turn our attention to the symptoms of the epidemical fever in Spain, and of the epidemics in general, which are nearly related to that one; and we shall soon be persuaded that they are produced by want of oxygen in the animal body.

Oxygen being the cause of excitement, which is wanting in this malady to a degree not sufficient to produce either appetite, or to perform voluntary motions, or some natural functions: and also, the blood not having the florid colour which proceeds from oxygen, and when out of

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of the body, becoming putrid some hours sooner than the blood of a healthy man; the skin losing its natural colour, and taking a yellowish red, or other hue; the strength being totally prostrated, the faculties of the mind disturbed, the external senses weakened and inactive, the blood so thin that it extravasates from the mouths of the vessels, causing both petechiæ and nose-bleeding; the carbon exhaled from the lungs, not being sufficiently united with oxygen, precipitates both upon the tongue and teeth;* the abundant carbon in the excrements, which manifests itself by their black colour, and the eagerness of the patient for acid things are, sufficient reasons to conclude:

"That the *next cause* of the epidemic in Spain is want of oxygen in the constitution."

But the great source of oxygen in the animal body being the atmosphere, from which it is taken both by the lungs and skin, we may with equal reason conclude, "that the *remote cause* of the epidemic in Spain, consists in an undue proportion of the component parts of the atmosphere."

To elucidate this way of arguing further, it may be proper to convince the reader by some symptoms of the distemper, that an alteration in the atmosphere alters also its effect *upon the surface of the animal body*. For, we observe on the skin a burning heat, clammy cold sweats, petechiæ, discoloration, and a constricted state of it; symptoms which lead us to judge fairly, that the usual absorbing powers and pressure of the atmosphere are diminished; and being in want of oxygen, it absorbs this substance more eagerly from the surface of the body than usually. From this particularly proceeds the great and sudden mortality of the yellow fever and plague, because the patient does not only breathe enough of a substance so essential to the continuance of animal life, but loses rapidly what he has, through the exhalent vessels of the skin; neither can the absorbent vessels recover it from an atmosphere where there is nothing to be got. From this loss originates also the yellow colour of the skin, because oxygen bleaches solid parts in acidifying them.

We must not pass by in silence an additional demonstration of an empirical remedy, administered to avoid the pernicious influence of the atmosphere upon the skin; I mean,

* In a state of good health, a part of the oxygen which is inspired, is again expired, saturated with carbon, forming carbonic acid gas.

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I mean oiling the whole body; a remedy which has acquired a great name amongst the remedies recommended against the plague, and has lately also been made use of against the epidemic fever in Spain. The Hungarian shepherds were long acquainted with it, as a preventive remedy against the Hungarian fever; they oil their shirts, and are sure to escape the distemper by this means, though they are, during many months, night and day, exposed to the open air. What other effect can this remedy produce than to prevent the oxygen from eagerly passing through the skin, to supply the atmosphere with what it is in want of? A similar circle we observe throughout the whole of nature. A cold body gives a part of its heat to a warmer one; a dry atmosphere absorbs the humidity from the wet soil, and lets the water fall again to the dry soil, &c.

The reader having been convinced by what has been said, that want of oxygen in the constitution is the next proximate cause, and an undue proportion of the component parts of the atmosphere the remote cause of the epidemy in Spain; perhaps it may be asked, what has produced this undue proportion of the component parts of the atmosphere particularly this year? And in what does this alteration consist? This I shall now endeavour to elucidate, that I may remove all difficulty.

We are acquainted with no operation in nature which causes so violent, manifold, and sudden effects, as subterraneous fire, not only by its expansive powers, but by its developing enormous masses of aeriform fluids, which finding no room in the internal parts of the earth, must make its way more or less violently into the atmosphere, according to the degree of opposition. Perceiving at the very first view some relation between this cause and the effect we have now spoken of, we shall examine it more minutely, to see, whether it will prove sufficiently satisfactory.

But, before I inquire farther into this circumstance as a cause of the corrupted atmosphere, I think it incumbent upon me to prove, that gases, especially such as are pernicious to animal life, do really pierce through the surface of our globe, and mix with the atmosphere, which is best done by facts, as the shortest and best demonstrative mode. One of the most striking instances of this sort we see in the Grotta del Cane near Naples. The man who opens the door, makes, for the entertainment of the traveller, the cruel experiment; which proves strongly, that a gas, unfit for

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for respiration, pierces through its bottom, and impregnates the atmosphere. He puts the nose of a dog near the bottom of the Grotta, where the pernicious gas is in a small degree diluted with atmospheric air, and the poor victim falls within a minute into convulsions, and dies if he is not brought immediately to the atmospheric air again, where he revives, to be exposed another day to the same pneumatic experiment, which after four or five repetitions, ends its life irrecoverably. The gas piercing thro' the bottom of this Grotta is, as been proved by experiments, the carbonic acid gas, developed by the fire of Vesuvius.

After the eruption of this mountain in 1794, several inhabitants at Portici, and in the neighbouring villages, lost their lives in going rashly into their cellars, by suffocation, occasioned by carbonic acid gas, which had pierced through the bottom.

At the foot of the volcano it happens frequently, that hunters lose dogs, as they pass, in their course, a stream of the beforementioned fatal gas. Asses likewise, when grazing, fall now and then a victim to it.

The same gas, originating from the same cause, is found under the antient theatre at Pompeij, and in some places of France; also at Pyrmont, not far from the well of the mineral water, is a spot, where birds, in passing it, drop down dead, on account of this same gas piercing through the ground.

Classic authors mention the same fact above the surface of the Lago d'Averno, which, however, is not the case in our days. Virgil says,

> " Ubi venere ad fauces graveolentis Averni."

And the same author, in another place,

> " Quam super haud ullæ poterant impune volantes
> " Tendere iter pennis, talis sese halitus atris
> " Faucibus effundens supera ad convexa ferebat
> " Unde locum Graij dixere nomine Aornon."

This fact appears remarkable, in so far as it proves that gasses piercing through the bottom of the sea may come to its surface, and show different effects according to their quantity, and the violence with which they are forced up. Does it not throw some light upon the origin of hurricanes?

These facts are convincing that aeriform fluids, especially carbonic acid gas, arise through the surface of the earth, and lowering the state of the atmosphere must be productive of diseases. We are now naturally led to the question,

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question, by what means the carbonic acid gas is developed, and mixed with the atmosphere? We see two principal causes to effect this.

1. Either mere heat, which by heating calcareous matters, expels the carbonic gas, contained always in great abundance in these substances. (A process we imitate in making quick lime.) Or,

2. Sulphur (one of the most common nourishments of subterraneous fires) after being burnt, is converted into sulphuric acid, which coming into contact with calcareous substances, expels likewise all the carbon with which it is saturated.

If this new produced gas is generated in enormous quantities, which cannot find an easy outlet, but must force its way with violence through the surface of the earth, it makes fissures and cracks, of which earthquakes are the consequence. May not this also be the origin of hurricanes?

It remains, lastly, agreeably to my purpose, to examine, whether there have been appearances, which prove a greater activity of subterraneous fire this year, than in those years in which no epidemy of that kind has prevailed? By which fire, according to what we have said before, a greater mass of carbonic acid gas, and of other aeriform fluids, unfit for respiration, have been forced into our atmosphere. That this has been the case, I shall prove by some select and convincing instances.

1. Vessuvius has been active to a considerable degree, and has thrown out uncommonly great quantities of lava, after a perfect repose of ten years.

2. Earthquakes have been very frequent in Spain, in Tuscany, in the ecclesiastical state, in Guernsey, at Kingston, at Sumatra, at Mantura, and in many other places.

3. Hurricanes in the West Indies have been more violent than usual.

4. Near the fortress Phanagoria in Russia, there was a considerable volcanic eruption in July last; a new mountain rose,* which, when it came to the height of twelve fathoms, burst with a noise like thunder, threw out a gas of a disagreeable smell, ignited stones, &c. and a part of the lake near to it appeared dry.

5. Superficial

* A phenomenon we are already acquainted with; the *Monte Nuovo*, near Naples, is another instance of it. Also, whole islands risen from the sea.

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5. Superficial earth fires have been observed in several places.

After these quoted facts, no person will doubt any longer of the unusual great activity of subterraneous fires during this year, which cannot exist without developing enormous volumes of carbonic gas, because nothing is more common than calcareous fossils, which always contain carbon. I think that this, and every other circumstance, is now so minutely explained, that every body will consider himself entitled to conclude: "That the remote cause of the fever in Spain, Marseilles, and Leghorn, is the fatal superabundant addition of carbonic acid gas to the atmosphere, originating from the direct or indirect effect of fire upon calcareous substances in the bowels of the earth." The truth of which is still more strengthened by a negative way of arguing; I mean, by not being able to find out another cause, which answers equally well this extraordinary and sudden effect of such extent, violence, and duration.

Or, if any person doubts, without good argument, what I have stated, I request him to try, whether he can discover another cause, that will give more satisfaction.

Before I proceed to the cure, I call the reader's attention to the phenomenon of the ignis fatuus in marshy countries, as an instance also, that other gases are found as noxious additions to the contents of the atmosphere. The ignus fatuus is hydrogen gas, which burns when it comes in contact with the atmosphere, and is most common in countries frequently visited by agues.

CURE.

After having demonstrated the cause of the epidemy, it is now incumbent upon us to propose a cure, which opposes both the proximate and remote cause; and being founded upon the removal of it, there is full reason to expect that this mode of treatment would always answer. And it certainly would, if only the method could be found out of making the stomach bear the *quantity* of the remedy adequate to the degree of the distemper.

To elucidate this proposition, I quote a fact, that every practitioner succeeds in curing intermittent fevers of little resistance. But those, who are afraid of giving several ounces of the bark in the course of twenty-four hours, do not cure the obstinate ones, though they administer the proper remedy, only not in a sufficient dose. Would the sufficient

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sufficient quantity of bark for curing obstinate quartan-autumnal fevers, injure the stomach, as a *too large dose* of vitriolic acid does, we should leave them uncured, as we have till now left the plague and yellow fever.

In order to oppose the cause of this epidemy (which should be the object of every rational cure), we must endeavour to supply the constitution with a sufficient quantity of oxygen, and prevent the escape of what remains in the body. For obtaining the first point, nothing is equal to

Mineral Acids,

Because no article in the materia medica contains in the same bulk more oxygen, therefore no other remedy can answer the purpose equally well. But as in the higher degrees of the distemper, viz. plague, yellow fever, and in the worst cases of the reigning epidemy in Spain, the stomach cannot bear the quantity necessary to effectuate the cure, it is of great importance to administer, together with the acids, other remedies, which answer the same end.

1. Give from thirty to one hundred drops of the vitriolic acid, diluted with barley water, and repeat it several times in the day, according to the degree of the malady. The best way to take it, is to suck it through a tube, to avoid setting the teeth on edge. I recommend especially the hyper-oxygenated muriatic acid, because it separates easiest from its super-abundance of oxygen.

2. Cover the whole body with ice or snow, and where that cannot be had, throw cold water over the patient, or cover his whole surface with camphor, made into an ointment with eggs, or any other substance which dissolves it well.

3. Make the sick breathe oxygen gas, mixed with atmospheric air in a proportion adequate to the degree of the disease.

4. Administer clysters of dissolved crystallised acid of lemons, or of vinegar, to patients of the lower class. Give only from three to four ounces at a time, that it may remain in the rectum, and become in part absorbed.

5. Genuine wine should be the common beverage. Rhenish is the best; next to it, port. Strong good porter may also be taken with advantage.

6. Let the patient drink frequently, but not too much at once, as the beverage would go off too quickly by the urine.

7. Expose the sick to a constant draught of air, and let the

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the room be cool, for cold air being more condensed, the same bulk must contain more oxygen than in a rarified state. Bring the patient into the open air, especially upon an elevated situation. Carry him in open carriages, waggons, or chairs. Let him ride on horseback, if he has strength for it. He breathes by these means oftener, changes the atmosphere, and meets in consequence with more oxygen.

8. Keep the sick room clear of every thing which may lower its atmosphere. Remove the night stool, the foul linen, &c. and let neither animals nor men be in the room, the nurse excepted.

9. Wash the sick room, bedstead, &c. with lime water, and expose it in large flat vases to the atmosphere to absorb the carbon of it, with which this fluid has a great affinity, as the surface shows after a short time.

10. The sick ought to occupy the largest room in the house.

11. Let the sick rooms in private houses, or wards in the hospital, be fumigated according to Dr. Carm. Smyth's method, in order to provide oxygen.

12. Fumigations with juniper berries, several kinds of woods, resins, &c. are not only of no use, but even prejudicial, by impregnating the atmosphere with vapours unfit for respiration. All these substances cause but a good smell, and deceive people if they believe that, from this circumstance, the atmosphere is also improved for respiration.

13. I need not say, what every body ought to know, that bleeding and purging are dangerous.

14. What the sick eats or drinks must be as cold as it can be procured, even icid, if it can be obtained.

These appear to me the principal rules for effecting the cure of the epidemical fever in Spain. Should they not prove successful in the worst cases, a number of lives, however, which would inevitably have been lost by improper treatment, like purging, blistering, or bleeding, will be preserved by this method. And as soon as ways and means can be found out to increase the doses of acids, the cure of that distemper will be as certain as that of agues.

There remains now another task, of equal interest to the public, namely, to shew how to preserve the health of those not yet attacked by the disease. The methods to be adopted must, of course, differ a little (though not in essential points) according to the epidemic, the climate, the

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local circumstances, &c. and ought, in regard to these, to be applied with discernment.

Proposals to prevent the Progress of an Epidemic.

1. In the first days, when the epidemic makes its appearance, object to no person who is in good health quitting the place. Only, if they go at a late period, after their oxygen is in a great measure spent, and they do not employ efficacious remedies to recover it, they must die at the place whither they retire; perhaps even sooner, as they exhaust themselves by precipitate and anxious journies. If they steal away, and go by night, on foot, in bad weather, by round about ways, through rivulets, marshes, and bushes, in order to elude discovery, they must fall ill, as a consequence of this imprudence and over fatigue. Leaving the town in the *very beginning* of the epidemic is of equal benefit, both to the healthy and to the sick, because fewer inhabitants consume less oxygen. This measure is especially of use in fortified towns, where the circulation of the air is interrupted by walls and ramparts, and rendered insalubrious by the stagnating water in the ditches.

2. If a cordon be already formed, permit at least the inhabitants of the town to abandon their dwelling houses, and to inhabit the highest mountains in their reach. Because the carbonic gas, on account of its greater heaviness, remains more or less in the under regions of the atmosphere, and the circulation is livelier upon the heights.

3. Remove dogs, monkies, and all superfluous animals from the place of the epidemic.

4. Let the people no where be crowded. In churches and theatres they must not remain long, otherwise the air becomes unfit for respiration, and produces the malady.

5. Pay particular attention to the cleanliness of the lower class of people, and to the Jews, who incline, in general, to dirtiness; which is not only hurtful to themselves, but also to their neighbours.

6. Should the epidemic happen in a maritime situation, send all classes of inhabitants, of all ages, and both sexes, to the sea to bathe; or to the river, if it happens in inland places. This can easiest be executed in a garrison.

7. Order the soldiers out of the barracks into tents, placed upon heights.

9. Allow

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8. Allow no salt provisions, and let the people live more on vegetable than animal diet.

9. Procure large quantities of lemons and oranges, and give them to the poor, gratis.

10. The market for vegetables must be well stocked; especially with such of them as contain much sugar, viz. carrots, beet-root, parsnips, &c. and they should be sold at a cheap rate.

11. Roman Catholics must get indulgence from the church not to observe their fast days, especially in hot countries; where I often remarked the fish not to be sweet in the market.

12. Soldiers ordered on night duty, ought to take a glass of brandy in the evening.

13. Restrain the night duty as much as possible.

14. Advise and order the inhabitants to change their linen oftener than they commonly do.

15. Foul linen is to be washed immediately, because its exhalations are pestiferous.

16. Engage the minds of the people by public amusements. Let the military bands play more than usual; allow and invite rope-dancers, and all kinds of shows, to enter the town, in order to make the inhabitants forget their melancholy situation.

17. Suffer the principal persons of the place by no means to leave their station. Let them be actively employed in procuring relief of all kind; but they must appear gay and unconcerned, in order to fill the mind of the inferior classes with confidence; because the common people are guided in their opinion by the behaviour of the superior ranks.

18. Let genuine porter be sold under its price. The public should make up the loss to the publicans, or, which would be still better, sell it themselves, to have it genuine.

19. Order the churches, barracks, theatres, dwelling-houses, hospitals and prisons to be fumigated, according to Dr. Carm. Smyth's prescription.

20. Recommend gymnastic plays of all kinds.

21. The beds of the deceased must not be burnt in the town, because it lowers the state of the atmosphere, and makes a melancholy impression upon the mind, especially in small places, where every body is aware of the cause of the fire.

22. Each man, before he touches a corpse, is to take a glass of brandy, or of wine.

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23. Publish and distribute gratis, rules for the healthy. Warn them, amongst others, to keep regular hours, to take sufficient exercise, to bathe daily, to air the rooms well, to keep every thing particularly clean, to wash and sprinkle the house and furniture with lime water, to be moderate in eating, to consume much fruit, to drink wine freely, to take strong lemonade instead of tea, to prevent animals, like dogs, monkeys, &c. from entering the dwelling houses, to retire in tents upon the mountains, to keep gay company, &c. &c. &c.

24. Provide enlightened clergymen and priests, who should discourage all despondency, else the patients will often not listen to medical advice, being impressed with the idea that they must die, and they must only prepare for this event. The sick are converted to pure fatalism by the ill management of the monks, of which I saw a number of instances in Italy. One of my patients at Rome was forbid by a capuchin to take the emetic, prescribed on the day he had taken the communion.

25. Each nurse, who attends patients, must be allowed a bottle of wine per day. The expence can be of no consideration, if human life is to be saved by it.

26. If lime can be procured, let the deceased, when buried, be covered with it.

27. By no means, and under no pretext, must any body be buried in churches or vaults.

28. The tombs ought to be made at a considerable depth, and superintended by public authority.

29. Do not over fatigue servants, soldiers, journeymen, &c.

An exact and judicious application of these means, with perhaps such additions as the local circumstances may render necessary, will be found effectual in stopping the progress of the distemper, and preserve the healthy from it.

I come now to the last task, to propose such measures as may be likely

To prevent the Return of similar Epidemics.

The rules to obtain this end differ considerably, according to the nature and cause of the epidemic, to accustomed diet, to local circumstances, &c. so that, properly speaking, they could be given only for a particular epidemic, and for a particular place and public, which, however, would lead me too far for my present purpose, and for this limit-

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ed space. Besides, it would be out of my power to give infallible rules for towns whose peculiar situations, and other particularities, which cause or influence the epidemic, I am not acquainted with. I shall explain this by some examples. In Egypt, the canals of the Nile must be cleaned, and brought into order, to prevent the return of the plague. In Hungary, the marshes must be drained and cultivated, to prevent the return of the Hungarian fever. This is the same in the Pontine marshes, which are not drained with sufficient skill, because the smaller ditches, joining in right angles with the principal one, obstruct the flow of the water in the principal canal. In long voyages, to prevent scurvy, the sailors and passengers must be very punctual in bodily cleanliness, eat much sour crout, drink lemon acid, and take bodily exercise.

Before we give particular rules for the prevention of an epidemic, we must beg leave to say a few words about the quarantine, whose laws appear not yet well regulated. In some cases, it is certainly an unnecessary interruption to commerce and travellers, and becomes hurtful when precautions at home are through it neglected. By what philosopher's calculation is it, that the infectious matter preserves itself forty days in ships which arrive from a harbour where any epidemic is reigning? Or, who has ascertained that the poison of the plague preserves its infectious nature as long as that of the yellow or epidemical fever in Spain? Has the length of the voyage no influence upon the powers of the infectious matter? Why is a ship from Jamaica kept equally long in quarantine as another from Spain? How is it to be ascertained, when the power of infection is over? Some physicians, who practised in the West-Indies, do not allow the infectious nature of the yellow fever? Suppose all ships from Constantinople, from the whole Levant, the Mediterranean, and from the West-Indies, were to perform the strictest quarantine before Egypt, the country still will not be free from the plague, till the ancient canals are restored. In former times, when the canals were in proper order, the plague was not known in that country; on the contrary, it was reckoned so healthy, that the Roman physicians, according to Celsus's account, used to send patients thither for the recovery of their health. If that country became a permanent province of a European power, the eradication of the plague may probably be expected, as the first benefit for the inhabitants.

In some countries, the inhabitants have found out their own remedy to escape an epidemic. They abandon some

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villages in the Campagna Romana, and the houses of the Pontine marshes, during some of the summer months, because they know by a long experience, that remaining where they are, they fall victims to malignant agues. In some instances, they go to a neighbouring village, at a small distance, situated only higher, and find perfect safety. This last mentioned epidemic originates, in all probability, from an addition of hydrogen gas to the atmosphere, which takes its origin from marshes, stagnating waters, and putrefaction of vegetables.

We come now to the preventive rules, and propose in general, that in Spain, which an epidemic ravages so frequently, the land should be manured, by public order, with lime, because it absorbs eagerly the carbon from the atmosphere, and parts with it again to the vegetables, growing in the same soil. The lime having parted with this substance, soon absorbs it again from the atmosphere, and parts with it again, by which circle it becomes a lasting remedy, which promotes at the same time vegetation, because plants want nothing more for their growth than carbon. This is also the reason, that in some places in Italy, where no man can preserve his health during the summer, the vegetation is extremely luxuriant, because plants find that principle in abundance, which promotes their growth, and injures animal life.

If all the African towns, which the plague often depopulates, have such narrow streets as I saw at Tetuan, (through many you cannot go on horseback, on account of their narrowness) they ought to be built wider, and strait, and the windows, or rather holes, for letting in air and light, must be larger. Besides this improvement, procure European physicians, who are philosophers, to be able to give proper advice in the beginning of the plague, in order to stop its spreading, and to devise a method to prevent the return of the calamity.

Are the Spanish towns kept equally dirty as what I saw Lisbon? the first object ought to be, the introduction of a better police. The metropolis of Portugal, on account of its dirty streets, wherein all filth, chamber-pots and night-stools not excepted, are thrown, would have every year a similar epidemic, if it were not prevented by its high airy situation, and by the flowing of the Tagus, both which cause a constant change of atmosphere, so that when hardly impregnated with the exhalation of the filth, it is carried to other regions, especially by the lasting north winds during the summer.

Build

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Build in all towns near the sea or rivers, where epidemics make their appearance, subterraneous drains, to carry off immediately all kind of dirt and filth, before it corrupts by its exhalations the state of the atmosphere.

Let the new buildings be superintended by a public architect, to have them built airy. The doors and windows must not be on the same side, as I have seen at Gibraltar, as, in this case, the air of the room cannot be sufficiently renewed. Attention to this circumstance is the more necessary, as people in hot climates are inclined, for temporary convenience, to exclude the sun from the rooms; not reflecting, that by preventing the air from entering, they hereby give rise to an additional cause for epidemics; a proceeding which ought therefore to be prevented by public authority.

The inhabitants of Gibraltar have frequently committed the error of excluding the access of fresh air to their dwelling houses, being limited much for room to build upon.

Many people must not sleep in the same room, and the chamber-pots must be cleaned immediately in the morning. In Lisbon you find the whole family sleep upon the floor, in the same room in which they live and dine. I entered sometimes in the morning such rooms, before the windows were opened, and was in danger of being suffocated.

Air prisons and ships carefully, wash them with lime water, and fumigate them according to Dr. C. Smyth's method.

On the prevention of the return of the distemper, much more may be said than I have advanced in these pages; but to lay down rules with any benefit, they should only relate to a particular place, which would lead me too far.

Though much more may be observed on this subject, so very interesting to human happiness, I feel myself obliged here to conclude this Essay, as the place in which it appears does not allow of prolixity.

I should be happy and fully rewarded for my present labours in the cause of those who are suffering by an epidemic, if the adoption of these proposals should be the means of affording them relief.

Gosport, Dec. 1804.

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A singular Case of Malformation of the Heart; *Communicated by* Mr. Ring.

[With an Engraving.]

An account of appearances observed, in examining the bodies of those who die of incurable diseases, is of no small importance. It enables the practitioner to form a just prognostic in similar cases; prevents the patient from being tormented with painful and useless applications; and furnishes the physiologist with means of ascertaining the functions of the various parts of the animal economy, which could not have been so well ascertained from an examination of those parts in a healthy state. Hence it may be useful to insert in your Journal, the following history of a singular deviation from the natural structure of the heart.

Caroline Mergauts, No. 152, Swallow Street, was born June 20, 1802. From the time of her birth, she laboured under a great difficulty of breathing. Her complexion was, in some parts, of a lead colour; in others, of a bluish purple; particularly in the lips.

Twice every day she had fits of crying, or rather screaming, which lasted several hours; during which the chest was much convulsed.

The paroxysms gradually became longer, and more violent; so that, at length, she had scarcely an hour's interval of ease either day or night. She suffered, in consequence, the most extraordinary degree of emaciation. During the last fortnight of her life, she seemed to take no notice of any thing. She died on the 20th of June 1803, which was the first anniversary of her birth.

I was consulted, when she was five months old, concerning this case; which had been mistaken for one of common convulsions. I communicated to the mother my opinion of the nature of the disorder; and endeavoured, by anodynes and antispasmodics, to alleviate those sufferrings which the healing art could not cure.

After the death of the child, leave having been obtained to examine the body, I requested Mr. Astley Cooper to undertake that office; Dr. Jenner, Dr. J. Walker, and myself, being present.

Appearances after Death.

The heart was the only viscus, in which there appeared any remarkable deviation from the natural structure. It was thicker than common at the apex; approaching rather to the form of a cube, than of a cone.

The

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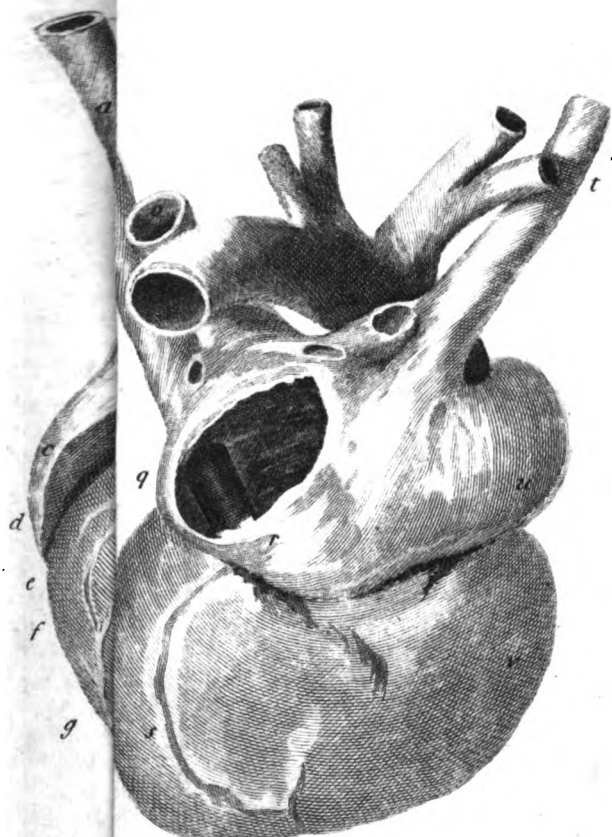
of the heart.

Posterior View



street, London. Feb. 1. 1805.

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The ventricles bore a greater resemblance to those of the turtle, than of the human heart. There was a large opening in the septum of the ventricles, near the aorta. The septum of the auricles was totally wanting.

The vessels were connected with this organ in the following manner. The inferior cava entered its basis on the left side instead of the right, passing through the centre of the diaphragm; and the fissure for that purpose, in the liver, was more on the left side than usual.

There were two superior cavæ; one terminating in the usual manner, in the right auricle, and the other in the left; if they could properly be distinguished into right and left, when there was no septum.

The aorta arose from both ventricles; not, as usual, from the left alone. The pulmonary artery and veins pursued their ordinary course; but the pulmonary artery was much smaller than usual.

Deviations from the natural structure of the heart, producing blueness in the skin, such as existed in this case, are not unfrequent; but in the present instance, the deviation was one of the greatest that has hitherto been described. In a common case of malformation of the heart, in which the aorta arises from both ventricles, a deficiency in the septum of the ventricles has also been found, at the part where the aorta arises. Hence it must receive venous blood, as well as arterial: yet, as that part of the vessel which arrives from the right ventricle is smaller than the other, it receives less venous than arterial blood. Such a defect in the vascular system, and the defect of oxygenation, which is the necessary consequence of a want of due circulation through the lungs, is apparent in every part of the body; particularly in the most vascular parts, such as the lips and cheeks; which, instead of a florid colour, are of a livid hue.

But in the present instance, exclusive of those ordinary deviations from the common course of nature, a mixture of venous and arterial blood took place in the auricles, from the total want of a septum; and would in some measure have taken place, had they been furnished with a septum, from two of the venæ cavæ terminating on the left side. The aorta, therefore, at both its origins, must have received partly venous, and partly arterial blood. Under all these difficulties, it is not surprising that this infant did not survive the period before mentioned. It is rather a wonder that she lived so long.

New Street, Hanover Square.

Copy

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Copy of a Letter from MR. THOMAS CHRISTIE, *to* DR. DE CARRO, &c. &c. &c. *of Vienna.*

SIR,

THE honourable Frederick North, Governor of Ceylon, has favoured me with the perusal of your work, on the progress of vaccination in Greece, Turkey and India, with the letter which accompanied it; and I have much pleasure in complying with His Excellency's commands, and your request, by giving some account of our success in that pursuit on this island.

From some passages of your work, I perceive you are acquainted with our progress in vaccination, up to the latter end of the year 1802; during the three last months of which, we inoculated nearly ten thousand people of all descriptions, in the different parts of this island.

Since that period, circumstances have been less favourable to our success, in extending the beneficial effects of this discovery, owing to the existence of a war in the interior of this island, which has called for the services in the field, of many medical men, who were most zealous promoters of vaccination, and has for a time thrown many of our own districts into a state of confusion and insurrection.

Notwithstanding these striking disadvantages, however, we have succeeded in keeping up a succession of patients with the true disease, at almost every considerable station on the island, since the first introduction of cow-pox on Ceylon in August 1802; and have, in all, extended our inoculations to upwards of twenty-one thousand persons.

On a tour round this island, for the purpose of inspecting the hospitals, and different medical establishments, which I have just finished, I was much graified to find from personal examination, that the disease existed in perfect purity at all the principal stations on Ceylon, and that the inhabitants, very generally, placed confidence in the preservative efficacy of the cow-pox, with the exception of the district of Jaffnapatnam, where the disease had become extinct, and vaccination got into disrepute, from the circumstance of a spurious disease having been introduced, after passing through which, several persons afterwards caught the small-pox.

This unfortunate circumstance is in a great degree, I believe, to be attributed to the practice having, at an early

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early period after its introduction, fallen into the hands of native practitioners, who, after a few proofs of its success, were satisfied if a puncture was made, and some irritation and inflammation produced. On inquiry, I found that they had frequently taken the matter at a very late period of the disease, and that in many instances an elevated pustule containing turbid matter was produced, and in others a high degree of inflammation succeeded by malignant ulceration; but all of them were equally supposed to have passed through the cow-pox; and if any of them afterwards were seized with small-pox, the practice of vaccination was thereby brought into disrepute.

I may here observe, that however simple the practice of inoculation may appear, I have seldom met with any of the natives possessed of that neatness, attention, perseverance, freedom from prejudice, and discrimination necessary for carrying on the practice with success, which is considerably more difficult with native subjects, in whom the colour of the skin renders the areola much less distinct than with Europeans, in whom it forms a diagnostic mark of the disease which can seldom be mistaken.

In the south-west side of the island, where we have been most successful in our inoculations, we have never trusted the disease out of the hands of the European practitioners, or young men, natives of the island, who have been bred at the European hospitals; and even with these last, I find it extremely difficult to convince them of the necessity of watching the disease through its whole progress, for they are apt to be deceived by the apparent simplicity of the operation, and too often inclined to think, that if a puncture is made, and some degree of inflammation follows, productive of a pustule, it is sufficient, without attending to the more nice distinctions of the disease.

Before I left Jaffna, in the begining of this month, I had two patients with the genuine disease brought from another station, Trincomale; and from these I inoculated the children of some of the principal families of the place, waited a fortnight till the disease had run its course in a regular manner, and then inoculated many of them with small-pox.—No disease was produced from the variolous inoculation; and at the time I left Jaffna, I had the pleasure to see, that confidence in the preservative efficacy of the cow-pox was restored to many of the most respectable inhabitants; and I then intrusted the care of the disease to Doctor Stuzer, Medical Superintendant, who, I doubt not,

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not, will be successful in gradually extending it through that district, which is the only one on Ceylon, which has not hitherto been essentially benefited by the effects of cow-pox inoculation.

By its benign influence, the small-pox of late has for the present been entirely banished from the popular districts of Colombo, Galle, and Matura, on the south-west side of the island; though for ten years previous to the introduction of the cow-pox, it had always, in a certain degree, prevailed in the Cittah of Colombo, and often occasioned the greatest ravages in the surrounding country.

With a view to lessen these ravages, Mr. North, with the attention which he always shews to the welfare and happiness of the people under his government, had, previous to the introduction of cow-pox, established hospitals for the reception of persons afflicted with small-pox, and confined inoculation to these hospitals, where it was promoted as much as possible; but notwithstanding every encouragement from government, and the greatest possible attention on the part of the medical gentlemen, only a few of the inhabitants were inclined to embrace the benefits of inoculation, and the natural small-pox continued to occasion considerable ravages, carrying off nearly one in three of all those who were seized with the disease. The appearance of small-pox in the more remote villages also often occasioned such a panic, that they were entirely deserted by the inhabitants; and the total stop to cultivation, and collection of the revenue, were the least distressing of the circumstances attending this desertion, as the wretched sick were too frequently forsaken by their nearest relations, and suffered to perish without assistance or nourishment.

It may be a fair calculation to suppose, that not one-half of the inhabitants of Ceylon escaped small-pox altogether; and as one-third of all those who were seized with it died, it would appear, that, that disease alone must have carried off, at least, one-sixth part of the whole population of this island.

The hospitals for the reception of patients with small-pox, and for the purposes of inoculation, were maintained at a very considerable expence for upwards of two years, and were certainly useful, by affording an asylum for persons afflicted with that disease, and also diminishing the risk of the infection being propagated in the natural form.

The benefit of inoculation, without injury to the community in general, was also extended to about four thousand

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and persons; but even of these, one in forty or sixty, and sometimes still a larger proportion, died; whereas even the native practitioners, most inimical to cow-pox inoculation, have never pretended, that in any one instance on this island, it ever occasioned death, or even dangerous symptoms.

You will therefore with pleasure perceive, Sir, that there are few parts of the world, where the discovery of Dr. Jenner has, in so short a time, been more extensively beneficial to mankind than in Ceylon, as, notwithstanding the disadvantages attending a state of warfare, it has been communicated to upwards of twenty-one thousand people, in the short space of eighteen months, one-sixth part of whom, or three thousand and five hundred souls, would, agreeably to a fair and low calculation, have otherwise died of small-pox.

This reflection must be peculiarly gratifying to you, Sir, to whose exertions and attention the Indian world are obliged for the introduction of the cow-pox into these regions, probably some years before it would have otherwise reached us, by the circuitous route of the Cape of Good Hope; of which you will be convinced, when I inform you, that even so late as last year, an attempt was made, under the auspices of the British government and Dr. Jenner, to send out the vaccine to India with a detachment of Artillery, which sailed in the Windham and Walpole from England in February 1803. On their arrival on Ceylon in the June following, the matter sent from England was upon trial found to be effete, and either from a want of proper subjects, or from the matter having become inert, the surgeon of the Artillery, Mr. Morton, had not been able to produce the disease once in the course of the voyage, although he had made many attempts, agreeably to the instructions he had received, which were written by Dr. Jenner himself, and by Dr. Rollo, surgeon general of British Artillery.

Thus this attempt, under the most favourable auspices, to send the vaccine to India round by the Cape of Good Hope, would, as many others, have entirely failed; but on the arrival of the Artillery at Ceylon, we had the pleasure of communicating the cow-pox to such children as were born on the voyage, from your Cisalpine stock, which had reached us the preceding year, by Bagdad, Bassora, and Bombay.

You are informed that the disease was first produced in this island at Trincomalé, by threads received from Bombay

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Bombay, in August, 1802; and from Trincomalé, it was speedily diffused throughout Ceylon, and also sent to Madras, and the other parts of the Coromandel coast; the threads sent there direct from Bombay having failed of success. From Madras, Dr. Anderson sent it to Bengal, in the ship Hunter, and it has thus been extended throughout the greater part of the Continent of India, and also sent from thence to the isles of France and Bourbon.

It appears however, that it had not reached Sumatra, or the other islands to the eastward, in the latter end of 1803, as by the arrival of a small vessel from Bencoolen last December, Mr. North received a dispatch from the Lieutenant Governor of Fort Marlborough, informing him, that every attempt to introduce it there, from dried matter, had hitherto failed of success, although the introduction of the cow-pox was most earnestly desired on Sumatra, as the ravages from small-pox were occasionally very great in that island.

His Excellency the Governor, with his usual zeal in the cause of humanity, immediately communicated his commands to me, to concert measures for the transmission of the vaccine, in an active state, to Sumatra.

Knowing the very uncertain effect of matter kept either in a dry or fluid state, for a considerable length of time, in this climate, I immediately, with the permission of His Excellency, procured six persons, who, there was every reason to believe, had not had either small-pox or vaccine, and embarked with them a medical assistant, who had long been in the habit of attending my practice, with directions to keep up the disease by successive inoculations, during the whole voyage, and to preserve a little matter from each patient. He was also charged with different packets of matter; and upon the whole, such precautions were taken, that I think there is almost no doubt of the objects being crowned with success, if the vessel reaches her destination.

On January 1, 1804, I inoculated the first of the six patients, with four punctures in different places, and on the same day the vessel was dispatched with her valuable cargo, and I believe was the first that ever undertook so long a voyage, which was calculated at four weeks, solely for the purpose of conveying the vaccine.

I have read with much attention and interest, the account given in your work of the grease and giardoni, as observed by M. La Font and Dr. Sacco, in Salonica and Italy,

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Italy, and the hopes that Dr. Jenner and yourself entertain, that a similar disease will be found among the horses in India.

I most earnestly desire that your hopes may be realized; but assure you, that the subject has by no means been overlooked by me; since, as soon as I became acquainted with Dr. Jenner's opinion, with respect to the source of the cow-pox, and found that the dried matter sent from England to India failed of success, I immediately instituted inquiries with respect to the existence of the vaccine on the nipples of cows, or the true grease in the horses of this island.

In March, 1802, when I had the honour to accompany His Excellency the Governor in a tour round the island, this was one object of my inquiries; and by His Excellency's desire, I undertook solely for this purpose to visit the island of Delft, where there is an extensive stud of brood mares; but, after having been two days at sea, with a contrary wind, I was obliged to put back to Jaffnapatnam; I had however, afterwards, an opportunity of conversing with an English groom and a veterinary assistant, who had long attended the stud, and who assured me they had never seen any disease amongst the horses composing it similar to the true grease. The only one which approached to it was, what, from the name, I conceive may be the same mentioned by M. la Font, as the javart écrouelleux, the swelling of the fetlock joint, attended with fever, and followed by phagædenic ulceration, which often penetrated to the joint, and occasioned the death of the horse.

As soon as the cow-pox was established on this island, a medical officer was appointed at each of the principal stations of Colombo, Galle, Trincomalé, and Jaffnapatnam, with directions not only to promote the propagation of the vaccine, but also to watch over its preservation, and to supply the other practitioners with matter when required. It has seldom happened that the disease has become extinct at any of these stations; but when this, from any accident, has occurred, it has speedily been reproduced by matter, or vaccinated patients sent from one of the other stations. In this way we have been enabled to preserve the disease in perfect purity since August 1802, to the present period; and I think it is probable, that with care we may be enabled to keep up the infection for any length of time. I shall not, however, desist from my researches after the original source of the disease in the heels

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heels of horses, or nipples of cows, and shall recommend to the medical gentlemen on this island the inquiries suggested by you on this subject, as objects highly deserving of their most serious attention.

Allow me to conclude, Sir, by assuring you, that, with the other practitioners in India, I am highly sensible of the great obligations we owe to you, for your exertions in introducing the cow-pox into this country, which must prove the most important blessing ever bestowed on the eastern world, where the ravages committed by the small-pox were even still greater than in the more temperate climate of Europe.

I have the honour to be,
With the highest consideration,
Sir,
Your most obedient humble servant,
THOMAS CHRISTIE,
Medical Superintendant General in Ceylon.
(A true Copy.)

Colombo, April 23, 1804.

Copy of a Letter from His Excellency the Hon. FREDERIC NORTH, *to Dr. De Carro, of Vienna.*

MY DEAR SIR,

I am infinitely obliged to you for your very interesting work, and the kind letter which accompanied it. The enclosed, from my friend Mr. Christie, Superintendant General of Hospitals in this island, will give you a complete idea of the success of our efforts in vaccination. I am happy to add, that it has succeeded in Sumatra, as I have been informed by a letter which I received this morning from Bencoolen.

I have the honour to be,
With the greatest truth,
My dear Sir,
Your faithful humble servant,
FREDERIC NORTH.

Colombo, June 1, 1804.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FEW complaints are, I believe, more distressing to females than Procidentia Uteri; but how much more distressing must it be when accompanied with a laceration of the perinæum, I leave any one to judge. It is a complaint which, in a great measure, renders the unhappy sufferer unfit for society; and, surely, any thing which tends to lessen the inconvenience she labours under, and make her life more comfortable, must be a matter of some, if not of great importance. Such is the subject of the case I am about to relate, and which I take the liberty of requesting you to insert in your valuable publication. Twenty years ago, a lady, in her first and only child, had unfortunately her perinæum lacerated by a speedy labour. Her misfortune first became known to her by that worst of all symptoms, viz. a want of retentive power over the *fæces*; but how much more was her distress aggravated when she discovered a small tumour projecting as far as the *labia pudendi*. From motives of female delicacy, not, alas! uncommon, though certainly blameable, this lady kept her unfortunate complaint a profound secret for fourteen years, without having recourse to any means whatever. At the expiration of this time, which was in the winter of 1798, she became more alarmed than usual, in consequence of a sudden protrusion of the tumour a considerable way beyond the external labia; and now she became afflicted with a compleat procidentia uteri. From peculiar circumstances I at this time became her confidant; she was now in a very unpleasant situation, the tumour was almost continually down when she was not in a horizontal position, and was attended with a sharp and whitish discharge. Though perhaps not at this time very intimately acquainted with the true nature of this lady's complaint, I was yet very well convinced that she could not wear any of those kind of pessaries which are recommended by writers for procidentia uteri attended with a lacerated perinæum. Those who are partial to such pessaries may possibly ask, how was I convinced the lady had never a pessary of any kind? how then could I determine? To this I would answer, that the vagina was in so irritable a state as hardly to bear the touch of a finger; and when I mentioned the wearing of a pessary, she absolutely shud-

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dered at the idea. I therefore merely advised her to wear a common T bandage. This bandage was of some, though not of great use; it had the effect of preventing a protrusion beyond the external parts, but this was all, for the tumour still came down as far as the *labia pudendi*, accompanied with a considerable and unpleasant discharge, which by its excoriating, was of course productive of much trouble and distress. While I was in London in the winter of 1803, the recollection of this lady's case induced me to pay a more than ordinary attention to this subject, while prosecuting my studies at St. Thomas's and Guy's Hospitals. Dr. Haighton, who lectures on midwifery at Guy's, was of opinion that the different pessaries contrived for procidentia uteri were but of little service, but strongly recommended the use of a sponge one. Fully conscious of the value of this eminent teacher's advice, I secretly resolved to make trial of it, in the case I am relating, the first opportunity. In June, 1804, I had the pleasure of seeing this lady, and found she was still continuing the use of the T bandage. Being in a very uncomfortable situation, and unable to walk above a mile without experiencing great inconvenience, I now directed the bandage to be discarded, and requested her to wear a pessary which I would prepare. I will confess I was rather doubtful of its success, for though I had heard Dr. Haighton recommend it, yet I was fearful that it might not have the good effect while that procidentia uteri was likewise accompanied with a lacerated perinæum. The trial was however made, and it succeeded beyond my most sanguine wishes. The manner in which I made the pessary was extremely simple. I took a roundish piece of common sponge, and sewed to its middle the end of a piece of tape several inches long. I now desired this sponge to be introduced up the vagina as far as possible, and then to be allowed to remain. This done, a few inches of the tape hung externally, which was pinned to her linen. The tape attached in these two ways answered two good purposes; first, it prevented the sponge falling to the ground in case of its escape from the vagina; secondly, it afforded an opportunity of drawing it out at any time when necessary. The lady now found herself compleatly relieved, and she, who for many years had been in much distress, and unable to walk to any great distance, was now by a very simple contrivance extremely comfortable, and, to use her own expression "as well able to walk to any distance as she had ever been in her juvenile days." I therefore recommended two of these pessaries to be made; a clean one

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one to be introduced every morning, and the other to be immersed in any simple antiseptic water. It has, I believe, with some, been customary to make pessaries of sponge in a different manner from the plan I have adopted, and that is by forming a piece of sponge into a round ball, and then confining it in that form by strongly tying it with twine twisted in a variety of different ways. To this mode of making a pessary I would object; prepared in this manner it is merely a firm and compact body; the advantages of the sponge are, I may say, lost; and I think it is but fair to conclude that a pessary, made in such a manner, would irritate equally as much as a pessary made of any other substance. For the advantages of a sponge pessary are, its occasioning no pain, and its capability of expansion upon the application of moisture. If these are its acknowledged advantages, I will then say, that neither of them can be derived from the pessary made in the manner I have last stated. It cannot expand, for it is firmly bound down with twine at every part! It cannot be easy to the patient, for the friction of the cord against the vagina must produce pain! May not this mode of preparation have been the reason why, in some places, the sponge pessary has not been brought into more general use? If then it has proved of such utility in the instance I have recited, surely its effect will be doubly useful in simple cases of prolapsus and procidentia uteri. From the observations I have been able to make myself, and from the still more important ones of others, I am inclined to think there is no doubt of the manifest superiority which the sponge pessary holds over every other. If, indeed, we reflect but for a moment, how should it be otherwise? The other kind of pessaries are made of box wood, or ivory; these substances are hard and irritating, difficult to introduce, and when introduced, so painful as hardly to be borne. Independent of these, they have other disadvantsges, for the discharge which we always have in procidentia uteri from irritation, is either confined by these pessaries, or else allowed to pass out by means of an aperture, either of which must necessarily be inconvenient and unpleasant. Not so is it with the sponge pessary. It is soft, pliable, and easy of introduction, occasions no pain, and from its known absorbent quality, readily takes up all the discharge and moisture. I have not, gentlemen, made these remarks from vanity, or requested their publication under an idea that I derive any credit from them, for surely it were madness to think I could; any person, under similar circumstances, might have

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done the same, nay perhaps better. My only object was to write a true and simple case, in hopes of proving that the sponge pessary has decidedly the advantage over every other; to shew, that in a case of procidentia uteri with a lacerated perinæum, it succeeded most effectually; and to hope it will be the means of inducing practitioners to have recourse to it in cases of a like nature.

I am, &c.

Sunderland, Dec. 10, 1804. G. P. DAWSON,
Member of the Royal College of Surgeons in London.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Few reflections still remain to be offered on the Case of GASTRODYNIA, published in your 68th Number, according to promise. You have seen the manner in which I found myself compelled, from honourable motives, to withdraw my attendance. It appeared to me not consistent with my ideas of propriety, to receive emolument where I could no longer be useful: and it was not compatible with professional integrity, to be a passive spectator of a practice, which my colleague, in this case, could neither explain on his own principles, nor defend by those of any other authority. Some good probably arose from my short note to the husband; as it put him on his guard, and perhaps, prevented the threatened exhibition of *jalap and calomel!* For, according to a rule of comparison, If a saline enema, in fourteen hours, could procure seven dejections; what number must follow such a cathartic as jalap and calomel?

As soon as I was informed of the lady having dismissed her physician, which might be eight weeks from my retirement, I sent the case to her husband, that he might know the particulars in which I differed from Dr. Clark; and with the permission to copy it, if he chose to submit it to any London physician, who might be acquainted with the lady's constitution. Had this been complied with I should have abided by the decision. The difference of opinion between Dr. C. and myself, like all similar disputes, was now animadverted upon in some circles, with an asperity bordering on rancour. Not being an entire stranger

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stranger in Newcastle, my cause was not left quite undefended; my few friends justified me with becoming firmness and spirit. It was however dogmatically decided, that "*it was presumption in Dr. Trotter to give an opinion on a disease different from Dr. Clark.*" Not being satisfied with the oracular authority of the sapient Pythias, who thus assumed the office of Priestesses to the Delphic god, I determined to send the case to your Journal, that professional men might judge my conduct; the only tribunal where its merits ought to be tried, as being alone competent to allow for the extraordinary situation in which I have been placed.

In thus laying the case before the public, I chiefly plead, *self-defence,* but, in another view, it is highly instructing; and it were well if all such dissentions were submitted to the public eye. Nay, had it not been for the liberal spirit of the MEDICAL JOURNAL, my reputation as a professional man must have been in danger. That there are many circumstances in medical consultation that may be unfit for the public eye, I readily concede: but that a consultation of physicians is to be considered as a Divan, or an Inquisition, where the lives of human beings are to be disposed of without the knowledge of society, has never yet been decreed by medical jurisprudence. The publication of cases, and animadversions upon them, have been admitted in all ages and times: it has prevented the ignorant and illiberal mind from taking shelter under the recovery of the patient, as daily done by the Quack and the Charlatan: it has given spirit to discussion; and collisions of sentiments and opinions, have in a great measure brought the healing art to its present perfection. A large proportion of medical gentlemen, in the present day, are employed in the Navy and Army of the Country: these gentlemen, in their turn, have all to retire from the public service, on a very slender allowance; or, in the emphatic language of Counsellor Erskine, "shivering and poor," as myself; and have only to look to the fruits of an honest industry, in the private exercise of medicine, for the support of their old age. But if they are to be brow-beat and worried, in their duty, by every affluent brother, they may be deprived of even the privileges of a virtuous poverty. It does not much redound to the honour of the age, that there are men among us, who, assuming all the airs of a Radcliffe without the talents, are invidious and jealous inquisitors of the practice of others, and surly dictators in their own; whose

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will is their law: *Stat pro ratione voluntas;* and "*Bear, like the Turk, no brother near the throne.*"

In being associated with Dr. C. in this case, I met him with all the candour and openness of friendship, and with the respect due to a senior. I venerate age; but that veneration is not to be carried to the length of sacrificing independence of opinion. My sentiments in opposition to his, were delivered without the least tincture of resentment; and they have been published without the smallest feeling of revenge. He has it in his power to reply: but by silence it is not given him to treat me with contempt. From being his equal in professional rank, I am secured against that; and as his superior, in those gradations of study and education that lead to the fair and regular acquirement of medical honours, I am not afraid of being obscured by the bulk of his shadow. The case, as it stands on record, precludes the possibility of credit being derived from recovery; for recovery, after such treatment, only proves that the powers of Nature are sometimes paramount to opposing the grossest violation of medical science. But what is to repay the patient for the superadded pains which she endured? Or what can recompence a mother's affections for being deprived of that first pleasure, *the office of suckling her infant?*

The predicament in which I stand, with respect to Dr. Clark, is not singular; it is nearly the same with that of all the other physicians here, except one, who is his only consultant, and the occasional attendant on his patients. In the only other case, in which I have been joined with him, I also differed widely in opinion. I have, since then, followed him in another; and must confess, that his treatment was equally unaccountable. A man, that in his medical discipline, dissents so far from the established maxims of the profession, must be constantly exposed to feuds and animosities among his brethren. When a physician in consultation appeals to his own experience, it has been usual for him to give reasons for preferring particular modes of his practice. In the case which I have given, Dr. C. was either unable to do this; or, what is less to be justified, he did not chuse to do it; a species of dictatorship which the sciences do not acknowledge. Nevertheless, I shall not be afraid of meeting Dr. C. in consultation again: I will not abridge my humble sphere of being useful to a human being in sickness, from the terror of any man alive: and if I should find occasion for dissenting

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dissenting from him, I shall not deviate from my former moderation.

Having encroached thus far on your patience, I shall defer my comments on the case to another Journal. This affords me the opportunity of calling on Dr. Clark to defend his practice by matter of fact, and open discussion, and not by assertions in the gross, as he has done hitherto. He cannot complain that I have indicted him before an improper tribunal, when all the talents and learning of the profession are to be umpires between us.

I am, &c.

Newcastle, Dec. 4, 1804. T. TROTTER.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE ardent zeal, and unceasing industry, evinced by Mr. Cuming in pointing out such modes of treatment as he has found successful in practice, is certainly commendable. But the confident, positive, and assuming manner in which he enforces them, together with his impatience of contradiction, and want of temper to those who have ventured to differ in opinion with what he deems his *unerring observation and experience*,* must, whatever may be their importance, certainly render them less palatable than if they were offered in milder terms.

These reflections, which occurred to me on the perusal of his irritable reply † to Dr. Scott's fair, and I think, not uninteresting remarks ‡ on his paper relative to the cure of intermitting fevers, by the use of white vitriol, § were not a little strengthened by the disrespectful manner which in his paper on leprosy, in No. 69, he handles the flour bag ‖ of the late Dr. Cullen.

I shall not enter into a discussion of this case, which he after having, as he says, cured as a general affection, considered it as local, from its continuing in the form of fissures, &c. in the palms of his hands, and which, he says, gave

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* These are Mr. C's own words, Med. and Phys. Journal. No. 61.
† Idem. ‡ No. 60, p. 129. § No. 58, p. 496.
‖ So called by Mr. Cuming, No. 69.

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way to the application of a blister. No, for although this treatment, which proved efficacious in this and another instance, beyond all doubt, is as ingenious as it is unusual; yet the propensity or itch of snarling at our old masters, (for it appears that Mr. C. from his own confession, was a disciple of this great man) has become so fashionable, that I cannot help exclaiming, not in the words of Virgil, (which he quotes while castigating Dr. Scott) but in the language of our elegant poet, Alexander Pope, who says,

> "We call our fathers fools, so wise we grow:
> "No doubt, our wiser sons will call us so."

Was it not enough for Mr. Cuming, if he *really* intended nothing further than recommending in a case of erysipelas, which he has related, not a new, but perhaps a much older, and *very common* remedy, viz. Goulard's *aq. veg. min.* which he used *cold* in preference to the flour bag, which last probably he had never tried, without *barking* at the *dead old lion*, and from whose *prey** himself had been nurtured when a young *helpless cub.*†

I advance not these remarks from ill temper, enmity, or disrespect to Mr. C. nor do I think them applicable to him alone, but to every, any, or all those who so uncandidly, or at least unadvisedly, and often unnecessarily, insult our truly respectable medical ancestors; and for what? Why, for certain *minor* errors, not worth naming, or what would have escaped notice in less celebrated characters.

To point out, with becoming respect and liberality, the imperfections, mistakes, or errors of our ancestors, or cotemporaries, is just, fair, and admissible; the former by these means are not vilified, but their faults corrected; and the latter have it in their power either to defend what they may judge right, or to recant what is made appear erroneous.

If I have noticed this error, or rather mark of disrespect of Mr. C. to the memory of his late admirable preceptor, Dr. Cullen, and which might have been avoided by not placing it to his account *particularly*, it is because the flour bag, *as he calls it*, does not appear to be the legitimate offspring of the Doctor, but is only named by him

* Alluding to the Doctor's lectures or instructions, which Mr. C. is supposed to have attended.

† That is, a mere suckling in medical science, which most young men are prior to commencing their regular studies.

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him casually among various other applications used in erysipelas.*

This propensity of undervaluing for trifling errors the reputation of truly great men, is no new thing; it is a failing attached to many, but more especially those who it frequently happens, are inferior in abilities to the persons they are depreciating.

The most remarkable instance of this sort, is that of the celebrated Dr. Mead, a gentleman more conspicuous for the splendour of his character, and the great wealth he acquired in his profession, than perhaps for any remarkable discoveries made (that I am able to ascertain) in the science of medicine.†

He it was, who so unadvisedly attempted to correct the errors of the great and immortal Sydenham; but his misguided reflections were no less ably repelled by Dr. Thomas Dixon.‡

I would not have it considered that I entertain a *superstitious* veneration for our great medical ancestors, but I would cherish a due *respect* for their intrinsic merits.

This disposition has already been evinced by me, in repelling certain disrespectful insinuations aimed lately by a gentleman (with whom I differed in opinion) at the professional character of the late ingenious and benevolent Dr. Fothergill; § and I am equally disposed, on principles of justice and liberality, to offer my reflections on what seems to be Mr. Cuming's disrespectful, and, I fear, intemperate reply to Dr. Scott, more particularly as the Doctor, from the ungentleman-like manner in which he appears to have been treated, rather than refuted, has forborn to answer.

From a simple statement of facts it appears, that Mr. Cuming‖ having, I think, very satisfactorily and clearly pointed out the frequent failure of what he terms "this hitherto considered *specific*," the cinchona, in the cure of agues, says, "It must be no small satisfaction (for the practitioner) to know that the materia medica contains a remedy

* The application that seems most safe, and which is now most commonly employed, is that of a dry mealy powder frequently sprinkled upon the inflamed parts. Vide First Lines, vol. 2, Art. DCCXI.

† Except that of pressure on the abdomen during the evacuation of the water on tapping for the dropsy, which must be allowed of no small importance. Vide Mead's Works on Dropsy.

‡ Med. Obs and Inquir. vol. iv.

§ Med. and Phys. Journal, vol. vii.

‖ Idem, No. 58, vol. x.

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remedy *equally infallible*, and more entitled to the epithet *specific*;" and remarks that, " in ships of war I have often given it under *every type* of the disease, and *never* knew it fail." His method of treatment is, " After the primæ viæ have been thoroughly cleansed by means of an antimonial emetic, I begin by giving the patient two or three grains in the day, during the intervals of the fit in this formula. ℞. *Pulv. zinci vitriol. gr. ij. vel. iij. cons. rosæ q. s. ft. bol. No. iij. capt. ager, j. 2da. vel 3tia. quaq. hora, ut opus fuerit, et augeatur dosis, gr. j. in dies.*" He farther says, " I have never had occasion to give more than five grains in the day." These boluses he *always* orders to be washed down with half a tea cupful of any proper diluent.

From these conclusions advanced by Mr. C. it does not appear that Dr. S. was far wrong in supposing he considered his *zinc vitriol* as a *real specific*, which he has since avowed in his reply to the Doctor, published in No. 61 of the Med. and Phys. Journal; in which are remarks on the same subject by Dr. Tice, who says, " The white vitriol I have employed in a number of instances for the cure of agues with very happy success; but I must confess, from an extensive practice and frequent observation, that it does not possess *any specific quality*, and that not unfrequently it has failed as a remedy, especially in those cases where the constitution had suffered from repeated attacks of the fever." He also, " from repeated trials, prefers the sulphat of copper or blue vitriol, to either the solution of arsenic, or the white vitriol;" and that " the effects of the latter are neither so certain, nor are they sufficiently lasting in inveterate cases, as those derived from the blue vitriol, &c."

He farther says, that, " the word *specific sounds empirical*, and is too generally applied; yet, as the cinchona is so powerful a remedy for intermittent fever, and mercury for venereal infections, some indulgence must be allowed to those who term *them specifics*." Hence it is obvious, that Dr. Scott's remarks, which appear to be general, are considered by Mr. Cuming as applied to him singly. The former says, " The word *specific* I very much dislike; to *me* the sound is *empirical*;" and the latter replies, " and I can assure him, to *me* his observation appears extremely harsh, and unbecoming;" and so firmly does he appear to be impressed with this, (I charitably hope) unintentional affront, that he is at no small pains to insinuate that the Doctor has equally implicated the *Editors* with himself; and

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and does not scruple professing " to exculpate both *them*, and *himself*, from an imputation which is as gross as it is indecent." He however assures the Doctor, that " the remarks made in his paper, of No. 58, are the result of *unerring observation and experience*."

In his trifling animadversions on the term *pretty well*, used by Dr. S. he has not only misrepresented his meaning, by supposing it (the white vitriol) cured, when other remedies failed; but says, " he believes the cuprum ammon. has been expunged from *some* pharmacopœias, being considered by men eminent in their profession, as a remedy fraught with the greatest danger, and that he *cannot* find it in the Edinburgh Dispensatory, a book which he (Dr. S.) has quoted respecting the white vitriol. I would ask him, what these *some* pharmacopœias are, in which it was, (except the Edinburgh) from which it has been expunged? and who these eminent men were, who considered it as a remedy fraught with the greatest danger? And how it comes to pass that he *cannot* find it *(cuprum ammon.)* in the Edinburgh Dispensatory, although he takes great care to find *his* remedy the *zinc vitriol*. I will not say, as he insinuates to Dr. S. that *his* judgment may be perverted, or he was guilty of *inattention to the subject;* but I may venture to *think*, Mr. C. looked in there for no other purpose than to view his favourite zinc. vitriol.

I must however remark, that I have carefully examined three editions of this book; one of 1786, another 1791, and the last 1803. In all of them the cuprum ammon. is mentioned; and in the last, as a remedy " in incipient phthisis pulmonalis, intermittent fever, and epilepsy."

Dr. Scott says, " his patients could *never* take the quantity of white vitriol mentioned by Mr. Cuming," and gives a præscription of calx zinci in the quantity of a grain twice a day, but for what purpose does not say; he however adds, that he cannot think it deserves the epithet *specific*, (i. e. the white vitriol, which in this case must be allowed preferable to calx zinci). Before this, he says, he " had a good opinion of it, and thought it answered the intention *pretty well*, but prefers the cuprum ammon." Yet Mr. C. is not only displeased at this, but that " the compilers of this work, (the Edinburgh Dispensatory) who do not appear to have known that zinc. vitriol. possessed the virtue of curing agues per se," (arrogantly exclaims) " and if there is any merit in promulgating to the world a remedy which *stands high in my opinion*, it cannot be the in-

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tention of the Doctor to detract from it, by laying a claim for originality; a claim which I never presumed to offer; but let Virgil speak for *me*."

" Haud equidem tali me dignor honore."

Truly, indeed, these transcendently sublime and beautiful *criticisms* are far above my comprehension.

Of what honour then, is Mr. Cuming worthy? Am I to give *him* a claim to the use of nitre or saltpetre applied to *mortifications*, (No. 62, Med. and Phys. Journal), and blisters to the palms of the hands in *lepra*, or such like cutaneous affections, for *originality*?

The former, dissolved in vinegar, has long been successfully used by farriers in the most desperate bruises, and other accidents, even where sphacelus existed, to cows and horses; and the latter has been applied to tetters, herpes, and ring-worms with no small advantage. Nevertheless, should it hereafter appear that both these easily procurable remedies prove equally beneficial in the hands of others, his claim to *originality* in these will scarcely be disputed. When, how, or by whom, the term *specific* was applied to the cinchona and mercury, is of no material consequence. Agues and the venereal disease having long since baffled the most experienced and intelligent practitioners, these two remedies, from their superior efficacy above all others heretofore used in these and such like diseases, acquired *this term*, which, in process of time, has become so very fashionable, that it is not only applied to almost every advertized or quack medicine, but what seems more reprehensible, is used as a very common epithet, not only in the writings of many professional gentlemen to their favourite remedies, but named in the bills and labels of even regular practitioners.

It is but a name, 'tis true; but as this name, term, or epithet, call it what you will, is equally adopted by regulars, as well as irregulars, there surely can be no harm in *any man* saying it is *empirical*; and this last epithet is opposed by another equally as disagreeable I think in *sound* to others, (who if it happen to be used to them, would perhaps give equal offence) called dogmatical, and for any thing we know, even *this*, had it been applied by the Doctor, or any other person, to Mr. C. or his favourite remedy, would have been equally resented.

Hence it appears, that this mighty fuss and offence given by the Doctor to Mr. C. amounts to this. Mr. C. prefers the white vitriol to the cortex, cuprum, and all other remedies,

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remedies, and says, it deserves the name of *specific;* and to prove this, declares, " *he never knew it fail,*" and appeals to his *unerring observation and experience.* Dr. S. equally as much entitled as Mr. C. to appeal to *his attentive observations* on the effects of *these* remedies, says, he has a good opinion of it, but *thinks* the *cuprum ammon. rather* preferable. Yet, because he dislikes the term *specific,* and says the sound is *empirical,* in which Dr. Tice coincides, only allowing it to the cinchona and mercury; it is much to be regretted, that Mr. C. whom I trust has more from the irritated state of his feelings, than malevolence, been led to resent so harshly, what in Dr. S. appears *mere matter of opinion.*

For this cause, and that of Mr. Cuming's cavalier treatment of the truly great and benevolent Dr. Cullen, have I presumed to offer these remarks. They are given, I trust, fairly and candidly; and although they may prove not altogether pleasing, they are by no means intended to excite his enmity, which should I not dread, would nevertheless be sorry to merit. They may however be not uninteresting to the candid admirers of our illustrious medical ancestors; and when this is considered, Mr. C. must, however reluctantly he may consent, allow me the same privilege of censuring in him, what appears perhaps greater improprieties, than those which he so freely has indulged towards others.

I am, &c.

Sunderland, Nov. 29, 1804. G. WILKINSON.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE opinion of the medical world being at present much divided, on the propriety of applying cold water in the cure of gouty inflammation; we feel it incumbent on us to give as much publicity as possible to the following case, as it appears to us attended with peculiar circumstances.

Mr. Mace, a gentleman residing at Chislehurst in this county, about forty years of age, who had been subject for many years to severe fits of the gout, sent for us to visit him on the 10th of October, 1803. We found him complaining

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complaining of general indisposition, with one ancle much inflamed, swoln, and exquisitely painful. Cloths wetted in a cold solution were wrapped round the part affected, and a cordial medicine was administered internally. On the 11th, the pain and inflammation in the ancle were lessened; and the knees were now become painful: the same application was made to them. On the 12th, at night, he felt severe pain in the head, and great uneasiness in the stomach, attended with nausea and flatulence. A draught with ether and laudanum was ordered him. On the 13th he was better in every respect; the head and stomach relieved, but the inflammation in the extremities *had not returned*; 14th, continued mending; 15th, free from all pain; 20th, able to walk, without any weakness in either feet or knees.

He remained in perfect health for twelve months. About the middle of October, 1804, he had an attack similar to the one of the preceding year. The right ancle was the part chiefly affected. He was treated in the same manner as before; and was able in a few days, to pursue his usual avocation. But, on the 16th of November, we were much disappointed to find him again suffering severe pain and inflammation in the same joint. He is a sensible, intelligent man, and had paid great attention to the progress and symptoms of the disease, under this new mode of treatment. He now informed us, that he thought the gout had lurked in his habit ever since the last attack. At the same time, he felt convinced, that though the application of cold might not eradicate the disorder, yet it afforded him so much ease, that he was extremely anxious to make another trial of it. To this we readily assented. After having diligently pursued this plan till the 22d, he desisted, as nothing apparently but weakness remained. On Monday, November 26th, the *left* ancle became inflamed and painful. Without the least hesitation, he had immediate recourse to his favourite remedy; but he had no sooner applied the first wet cloth, than he felt an unusual torpor pervade his whole frame. He suffered intense pain in the stomach, attended with frequent vomiting: the head was much affected, and he was at intervals delirious. He took hot brandy and water, and heated wine with spice, which afforded him some relief. At the same time the cold was discontinued, which had been used for about two hours. On the 27th he was better, though very languid. The inflammation *did not return in the*

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the left ancle. On the 28th he continued tolerably well. But, on the 29th, a more violent attack than any of the former took place in the right hand. It is to be remarked, that on this day, though the hand was enveloped in flannel, the stomach, head, and constitution at large, were as much, if not more affected, than on the Monday when the cold was applied. He passed a most dreadful night on Thursday; and, on Friday morning, the symptoms of disorder in the head and stomach having abated, while the pain and inflammation of the hand remained undiminished, we *again* determined to apply cold, carefully watching the effect. This treatment now was attended with the happiest consequences: he experienced almost immediate ease; no other untoward symptom occurred, and he was soon restored to health.

We forbear making any comments on the above facts; but it appears worthy of remark, that this gentleman, in former fits of the gout, had suffered as much constitutional indisposition, when the parts affected were wrapped up in flannel, as under the *present mode of treatment.*

We have so frequently experienced the speedily beneficial effects of reduced temperature in the cure of gouty inflammation, that we cannot subscribe our assent to the conclusion of Mr. Edlin,* that all the baneful consequences in Mr. Baker's case are to be imputed to the use of that remedy. One in particular, the *fainting fit,* (which, whenever it happens, must excite the greatest alarm,) we see no reason to attribute to the use of cold water: for we have met with an instance of its occurrence to a most alarming degree, in a case which has come under our care, since writing the above statement, and where *no cold* whatever had been applied. We truly lament with Mr. Edlin the unfortunate issue of Mr. Baker's case; which, after all, however, is but a solitary instance; for as to that of Mr. Owen, it is, according to his own confession, a *mere old woman's story.*

We remain, &c.

JAMES SCOTT,
R. T. TAYNTON.

Bromley, Kent, Dec. 10, 1804.

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* Vide Mr. Edlin's Pamphlet.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

HOW much it is to be lamented, that some genius has not yet arisen, who from simple principles, like the immortal Newton, from the simple principle of the general attraction of matter deducing the laws of gravitation, could with equal sagacity develope the laws peculiar to animation, and enlighten mankind with a true theory of diseases! This reflection naturally arises in my mind, while I reflect on the fate which has attended Mr. Baker, of Uxbridge; who, I am afraid, has fallen a victim to the erroneous parts both of the old and new theory of gout.

Mr. Edlin's *pamphlet* professes to give to the world two cases of gout, terminating fatally in consequence of the refrigerating plan of treatment having been adopted. But for obvious reasons, I shall confine my observations to that of Mr. Baker; which, I think, would have been more full and satisfactory, if the author had given us some information respecting the age and usual habits of the patient; whether also his last disorder was the first of the kind he had experienced, or whether his constitutional strength had been impaired by former attacks. For, possessing the knowledge of these particulars, we could assuredly have formed a more correct judgment of the propriety of some parts of the plan of treatment, which terminated in so calamitous a manner. But though the case is not detailed with the precision that I could wish, yet a great deal of valuable instruction may certainly be collected from it; and much light is, I think, thrown on a question, which at present greatly agitates the medical world; namely, how far, or whether in *any* case of gouty inflammation of the extremities, the remedy so strongly recommended by Dr. Kinglake may, in *all* cases indiscriminately, be prudently adopted. I am still of opinion, that judging from all the circumstances which have been communicated respecting Mr. Baker, this very important question may be answered, consonantly to the theory of the disease contained in my last communication, in this manner: *With a due degree of caution*, it may be prudently adopted with every prospect of success.

It will much facilitate our comprehension of this interesting and instructive case to divide it into two periods, that are very distinctly marked; the one previous, the other

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other subsequent to the fainting-fit. It appears, that from the 22d of July to the morning of the 25th, (four o'clock) the inflammation gradually increased in the feet, and that his appetite during those three days continued unimpaired. Pages 7 and 8. From which circumstances I should infer, that this was a proper time for the application of the new remedy, the inflammation being fixed on the extremities, and the stomach discovering no symptom of torpor, but an evident one of performing its proper function. It was applied; and the event was, what I should expect, that at nine o'clock "the pain was quite gone; he considered himself, in some measure, as well; his pulse at this time was 78." Page 19. Here was every mark of returning health; and had he continued in bed, it is probable that the fainting-fit had not occurred. This I wish to be considered as the first period; for, hitherto, there certainly appears no objection to the remedy that had been employed.

The following observation I make reluctantly; for it reflects on a conduct, which evidently proceeded from the best and purest motives. Was it judicious in Mr. E. to contend with his friend, under circumstances not of complete recovery, but convalescence only, in a long and most interesting argument, page 10 to 19, respecting the propriety of the means which had been employed to subdue the gouty inflammation? Particularly when it is considered, that after a restless and unquiet night, attended with much pain and anxiety, the necessity of recruiting the exhausted fibre by sleep must have been obvious, and should have been pointed out to the patient; and if it could not otherwise be obtained, of procuring it by means of an opiate; instead of agitating his mind, and still further exhausting the animal power, by the necessity imposed on him of combating arguments in the refutation of which he now felt so near, so vital an interest. Though I do not wish to attach much importance to this idea, yet if it had any effect, it must have been a debilitating one; and with some others known, and some probably unknown causes, (amongst the former of which may be reckoned a change of posture from a recumbent to an erect one, so apt to produce vertiginous effects, and sometimes a temporary paralysis of the locomotive muscles in persons of a weak and inirritable habit) must prepare us in some degree for the information which is next conveyed to us. "He soon after got out of bed, and attempted to dress himself; but in the exertion he fell down in a fainting-fit, where he was found by his attendants," page 19.

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The reflection, with which I commenced these remarks, recurs to me in this place with double force. I am anxious to discover, (for want of a *true* theory perhaps it cannot be discovered) what was the real efficient cause of the fainting-fit? That it sometimes occurs in regular fits of the gout, where the cure by refrigeration has not been attempted, is well known to those who have experience in this disorder. I am then by no means convinced, that repelled gout was the cause of it in the present instance. Indeed, I am persuaded to the contrary; for we have no experience that repelled gout ever produced such an effect; and I know not by what analogy of reasoning from other phenomena of diseases we are led to such a conclusion. That judicious observer, Dr. Heberden, (page 58 of the Commentaries) tells us, that he has several times known palsies and apoplexies *succeed* immediately to a regular and severe fit. And some cases of a fatal apoplexy are related by Cullen and others to have happened in consequence, as it has been supposed, of *preventing* the gouty inflammation of the extremities in constitutions which had been habituated to it, by the continued use of the Portland powder. And some, perhaps, may fancy that they can discover a faint resemblance between these cases and the fainting-fit, which is the subject of our pressnt consideration. But notwithstanding a suspicion may hence arise, that gout and apoplexy, though with features so dissimilar, are yet of the same family, and have one common parent; the difference between the known means that were employed, as well previously to the effects produced as in the consequences of those effects, precludes all comparison between the respective cases; and therefore, in the present imperfect state of our knowledge of diseases and their causes, we are compelled to consider the fainting-fit as an unexplained event, from which nothing either favourable or unfavourable to the practice of cold ablution can be inferred; until more observations and a longer experience furnish us with similar occurrences under similar circumstances, with which it may be compared. It is evident, that the patient himself had no suspicion that the repulsion of the gout had any connection with the fainting-fit; for he would not afterwards have ventured on a repetition of means, which he conceived had been productive of so alarming an effect.

We cannot, however, be surprised that the system should be so deranged by it, as to exhibit that character of debility which soon appeared in the return of a disorder,

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order, that could scarcely be considered as totally and effectually removed, even before it happened. We are told, that, "after recovering from the fainting fit, and being put to bed, he took some breakfast," (p. 19); from which circumstance I conclude, that the gout was not yet repelled to the stomach. "A slight inflammatory pain and redness were now observed in the knees," p. 19, evincing that the gout was re-appearing in its true inflammatory form; "but soon subsided by the continued use of cloths dipped in iced water." Here then, in my opinion, was committed that fatal error, to which all the subsequent mischief is to be attributed. The torpor, by this means, produced on the skin, appears to have been immediately followed by those symptoms of a "difficult hurried respiration, cold extremities, quick fluttering intermitting pulse, palpitation of the heart, icy coldness of the stomach, frequent vomitings, and cold sweat," p. 20. Which all demonstrably evinced that the gout was repelled to som of the principal internal vital organs; or, as I think, would be more accurately and intelligibly expressed, that the torpor or inaction of the cutaneous capillary vessels, occasioned by the continued application of iced water over a considerable portion of them, was sympathetically communicated to the membranous parts of those viscera, but principally of the stomach, (already disposed to torpor in consequence of previous debility, by whatever cause induced) whose actions are associated with them. I do not know that this idea of repelled gout is any where to be found directly in authors. It is deduced from combining detached parts of the Darwinian theory.

In this manner a complete destruction of the balance of the moving powers of the system was effected; and if the heart had not possessed sufficient irritability to the stimulus of the blood, to resist in *some* degree the spreading torpor, which was thus alarmingly impressed on the stomach and some contiguous parts, the fatul termination must have occurred instantaneously. Its protraction, and the subsequent events have served to convince me, that the balance, so destroyed, was never again restored to an equilibrium; but from this moment all proceeded irregularly, with some partial remissions and exacerbations, till the complete exhaustion of the principle of animation produced a universal torpor, and destroyed the patient.

It may be useful to make one or two observations on the principles which seemed to direct the medical attendants in treating their patient, during the latter period of

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his illness. And I must previously assure those gentlemen, that, though I differ from them in opinion, I am actuated by no personal disrespect to them; and, indeed, by no other motive than a wish freely to discuss their theory. The stimulating means that were employed by Mr. Edlin to remove the torpor of the internal parts, appear to me sufficiently judicious, and proved successful. But after its removal, and when the system, possesing accumulated irritability during its torpid state, had acquired unnatural energy of action, evinced by "the hot burning skin, the pulse 96 strokes in a minute, the dry furred tongue, and hurried respiration," (p. 21, 22,) symptoms indicative of an inflammatory condition; Dr. Haworth, who was now joined in attendance with Mr. Edlin, will excuse my presumption in avowing an opinion different from that which he seems to have adopted. The indication in that state of the system, as it appears to me, was to reduce the morbidly increased activity and consequent expenditure of the animal power, by the most prompt and efficacious means; by weakening the undue action of the cutaneous vessels, by exposing them to a current of cool air; and if that had failed, by cold ablution: and, "if the lungs be strongly affected, bleeding is unavoidable and necessary (Heberden's Comment. p. 45,) though we are sure that it is a gouty affection. In all distempers (Com. p. 10,) it is one part of the physician's duty to remove or relieve, as far as can safely be done, the present inconveniences; but the mischief principally to be dreaded in every illness is its tendency to destroy life; and against this the patient is most solicitously to be guarded."

But the theory of Dr. Haworth led him to the conclusion, that as the gout had been repelled, its return to the extremities again must be solicited, p. 21, (which was a good theory a few hours sooner, while the torpor affected the stomach and lungs;) and external and internal stimulation employed for that purpose, p. 22. But the gout, according to my apprehension, had already been driven from the internal parts by the re-action of the system, and had changed its character of gout for one of general inflammation. "The warm regimen, flannel, and cordial diaphoretic draughts," p. 22. What could they do but add fuel to a fire already burning too fiercely; remove to a greater distance every probability of restoring that just equilibrium of action throughout the system, which is essential to health; and by the great expenditure of the principle of

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of animation, consequent to increased stimulation, accelerate the final catastrophe.

Before I conclude my remarks on this interesting case, I beg leave to observe, that Dr. Kinglake, who frequently challenges the world to produce a single instance of repelled gout consequent to the application of a cold fluid to the inflamed parts, will certainly be expected to reply to, and explain the symptoms asserted by Mr. Edlin to have occurred immediately after its use, on principles which may reconcile them to his theory. Otherwise, I do not see how the alternative is to be avoided, which is contained in Mr. Edlin's concluding paragraph: "Either Dr. Kinglake's theory is wrong, or what I have asserted is untrue,"* p. 24. The alternative, indeed, does not meet with my approbation. It is not expressed with a due degree of modest diffidence; for unless Mr. Edlin's own knowledge be unlimited, he must admit the *possibility*, however little the *probability* may be, of the symptoms being explained on principles that are not inconsistent with the theory. But this province peculiarly belongs to Dr. Kinglake, whose ground of argument I have no wish to pre-occupy; and I suppose it will not be deemed so, by my asking Mr. Edlin, what will become of the alternative, that seems to menace nothing less than destruction to the theory, should Dr. Kinglake be able to prove to our satisfaction, that during the state of insensibility which succeeded the fainting fit, so great an accumulation of the sensorial powers of irritation and association occurred, as to occasion the subsequent inflammatory fever, to which the death of the patient is to be attributed?

I am, &c.

JAMES MANTAL.

Bromley High Elms, Dec. 11, 1804.

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* Could Mr. Edlin complain of Dr. Kinglake, if he chose to consider the whole of Mr. Baker's case as "*fictitious, composed for the purpose*" of discrediting his theory? For these are the expressions used by Mr. Edlin, respecting the cases communicated to the public by Dr. Kinglake, p. 20. I will not bestow upon this seeming incredulity the epithet which I think it deserves. It was an ill compliment to his friend, to suppose that he possessed either so small a portion of candour and liberality of sentiment, or so little judgment, as to listen for a moment to such an insinuation. It is astonishing, that he should avow it to the world.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the last Number of the Medical and Physical Journal, are some observations, or more properly cases, by a Mr. Larrey. As these cases inculate ideas, at variance, I believe, with those of the soundest and most enlightened practitioners of this country, I beg leave to offer a few remarks on them.

The observations, which are seven in number, comprize the following diseases: Ophthalmia, a discharge from the nose resembling gonorrhœa, vertigo, phthisis pulmonalis, dysentery, erysipelas, and last of all, pain and stiffness of the limbs, attended with fever and symptoms of mania. The patients who were the subjects of these diseases, had all, excepting one, been previously affected with gonorrhœa, to the suppression of which Mr. Larrey attributes their complaints. Impressed with this idea, he imitated the suppressed discharges, either by the insertion of the matter of gonorrhœa into the urethra, or the injection of a strong alkaline solution; and the new running produced by these means, was what he thinks principally contributed toward their cure.

The infidel Gibbon has somewhere remarked, in his immortal work, "The Decline and Fall of the Roman Empire," that a latent and involuntary scepticism adheres to the most pious minds. The same may be affirmed of the inquirers after truth in the science of medicine. They not only require that the facts they are called upon to believe should be well authenticated, but that they should not be taken up hastily or upon slight grounds, or be contrary to the uniform experience of men of sound judgment and correct observation. If Mr. Larrey's observations are not built on too weak a foundation, they evidently militate against general experience. For, admitting the absorption (for so I must understand the term suppression as he uses it) of the matter of gonorrhœa, it by no means follows that the diseases in question were a consequence. The premises do not justify the conclusion. They have no more to do with the immediate effects of the absorption of venereal virus than gout, scrofula, atrophy, jaundice, and a thousand other diseases, which, as Mr. Hunter observes, were by the older surgeons attributed to it. What we should expect, and what, if any thing, follow the introduction

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duction of the venereal virus into the system, are bubos, peculiar ulcerations of the mouth, nose, and fauces, blotches of the skin, and affections of the bones, periosteum, tendons, and ligaments. None of these however were present, the ulceration and caries of the nose being the effect of the nasal gonorrhœa excoriating and eroding the parts, and not the direct consequence of absorption. Mercury, it is true, was employed in that case, as well as in many others, and undoubtedly was the chief cause of their cure; but it does not prove they were venereal: It only proves, what we all know, that mercury will cure other diseased actions as well as the veneral. Beside, is not absorption in gonorrhœa a very disputable point? It rarely, I believe, if ever happens; for if it did, as few modern surgeons I presume give mercury in that disease, none of their patients would escape a lues. Can the diseases we are speaking of, then, be said to have arisen from absorption of the matter of gonorrhœa? In all probability they were mere accidental circumstances, totally unconnected with the gonorrhœas which had preceded them; or, if any connection be admitted, they must have been what Darwin would have termed affections of remote sympathy. On this supposition the artificially produced discharge might have afforded relief, in the same way as the re-appearance of gonorrhœa in the contiguous sympathy of hernia humoralis removes the swelling of the epididymus or testis; yet granting this, it only comes in for a share of the cure, as in the majority of the cases (seven out of nine) mercury was had recourse to. The only fair cases are those of ophthalmia and phthisis; and on this last, as being of considerable importance, I shall hazard a few remarks. The case was that of a young lady, who was in the "third stage of a pulmonary consumption," and whose expectoration was "fetid, purulent, and greenish." She had previously laboured under leucorrhœa, which having been stopped by injections, gave birth, Mr. Larrey supposed, to her disease. By producing a purulent discharge from the vagina by means of a solution of volatile alkali, her most distressing symptoms began almost instantly to mitigate of their violence, and in a short time she perfectly recovered. Without being unreasonably sceptical, we may venture to say, that there must have been some fallacy in the case, and that it could not have been one of genuine phthisis pulmonalis. That a patient, in the third stage of pulmonary consumption, (that is, where the ulcerative process in the lungs had been some

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time going on) should recover at all, much less in a short period, is so contrary to what I may say every medical man is unfortunately in the habit of observing, that I fear even the most credulous would be disposed to doubt of such a fact. It is of no consequence, in my opinion, how an ulceration of the lungs originates, whether it be from tubercle or pneumonia, properly so called, whether it be from an idiopathic or a sympathetic affection; the effect is still the same, and we have the great difficulty to contend with, to heal an ulcer in so delicate a structure as the lungs, and which is *constantly* in contact with atmospheric air. Can we suppose therefore, can the utmost stretch of credulity believe, that simply a purulent discharge can, as it were by a miracle, effect a cure of that which has to this day continued, and will, in all probability, continue to be irremediable? My own experience, which has been pretty extensive, has convinced me, that when an ulcer of the lungs is once formed, no medicine, no not even the celebrated digitalis purpurea, or lichen islandicus, has a power of preventing those morbid actions going on, which sooner or later inevitably cut short the patient's life.

I am, &c.

West Smithfield, Dec. 14, 1804. JAMES WOODHAM.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FOR the sake of our suffering fellow-creatures, nothing ought to be withheld from public notice, which may be deemed a specific for that dreadful, distressing, and lingering disease named diabetes mellitus.

If the enclosed case, (which was successfully treated with the nitrous acid) meets with your approbation, and is thought worthy a place in your very valuable Journal, by inserting it therein, you will greatly oblige,

Yours, &c.

Dec. 10, 1804. ROBERT EARNEST,
House Surgeon to the Sheffield General Infirmary.

M. D. twenty-five years of age, a female, unmarried, low in stature, and delicate in stamina. But, before I narrate the case, it will be proper here to observe, that antecedent

to

to her being taken ill, she was plethoric, and had a clear and florid complexion, and also enjoyed good health.

In the spring of the year 1801, she was suddenly attacked with the following symptoms, viz. pain of the head, stomach, and about the region of each kidney, great thirst, loss of appetite and strength, accompanied with much languor and depression of the spirits, a copious secretion of urine, passing off fourteen pints daily. The above symptoms continued upon her gradually, making greater ravages, and undermining her constitution, until January 2, 1804, when she was admitted into the Sheffield General Infirmary as a diabetic patient.

Her state of health at this time was very materially altered for the worse, as she was greatly emaciated; the pulse, quick, small, and hard; the skin universally yellow, hot and dry; appetite more diminished; strength also more exhausted; thirst more troublesome, particularly in the night time; œdematous swellings of the ancles and feet.

The menstrual evacuations have always been regular both as to time, quantity, and colour, until now, which are more frequent, less in quantity, thinner in consistence, and much less florid in colour.

The properties of the urine were, that it was rather limpid, sweet both to the taste and smell; and upon being evaporated by boiling, it exhibited white saccharine matter on the sides of the vessel, and the residue was like molasses.

On the second of January, the patient was put upon the following plan of cure; and the diet prescribed was principally animal food, with a generous allowance of porter. ℞. Aq. puræ lib. ii. Syr. sacchar. unc. i. Acid. nitros. dilut. dr. i. ad. iv.* M. ft. mistura, quotidie sumend.† Cap. vesp. pro re nata. Elect. e sennâ, dr. i. ad. ii.

During the administration of this remedy, the annexed table will shew the gradual return of the patient's health and strength, the state of the appetite, the quantity of acid taken, the quantity of fluids taken, and the quantity of fluid passed off from day to day.

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* As this medicine is very apt to gripe and disturb the bowels, it is highly necessary that strict attention should be paid to its effects, as well also to the very gradual increase of the dose.

† The mixture was given as a common drink, and the patient took it at pleasure, so as to take that quantity daily.

TABLE,

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TABLE, &c.

Date 1804	State of the Appetite.	State of the Strength.	Quantity of Acid taken.	Quantity of Fluids taken.		Quantity of Fluid passed off.	
				pints	oz.	pints	oz.
Jan.	much	much	drachms				
2	diminished	diminished	1	4	—	14	—
3	ditto	ditto	ditto	ditto	—	12	—
4	ditto	ditto	ditto	ditto	—	5	—
5	ditto	ditto	ditto	ditto	—	7	—
6	ditto	ditto	ditto	ditto	—	4	8
7	ditto	ditto	ditto	ditto	—	5	—
8	ditto	ditto	ditto	ditto	—	4	8
9	less so	ditto	1½	ditto	—	5	—
10	ditto	ditto	ditto	ditto	—	5	—
11	ditto	ditto	ditto	ditto	—	5	8
12	ditto	ditto	ditto	ditto	—	5	8
13	ditto	ditto	ditto	ditto	—	5	—
14	ditto	less so	ditto	ditto	—	5	—
15	ditto	ditto	ditto	ditto	—	4	4
16	ditto	ditto	2	ditto	—	5	—
17	ditto	ditto	ditto	ditto	—	5	—
18	ditto	ditto	ditto	ditto	—	4	12
19	ditto	ditto	ditto	ditto	—	4	8
20	natural	ditto	ditto	ditto	—	4	8
21	ditto	ditto	ditto	ditto	—	4	8
22	ditto	ditto	ditto	ditto	—	4	2
23	ditto	ditto	ditto	ditto	—	4	—
24	ditto	ditto	ditto	ditto	—	4	—
25	ditto	much increased	2½	ditto	—	4	—
26	ditto	ditto	ditto	ditto	—	3	12
27	ditto	ditto	ditto	ditto	—	4	—
28	ditto	ditto	ditto	ditto	—	3	12
*29	ditto	ditto	——	ditto	—	3	12
30	ditto	ditto	——	ditto	—	3	10
31	ditto	ditto	——	ditto	—	3	12
Feb. 1	ditto	ditto	——	3	8	3	9
2	ditto	ditto	——	ditto	8	3	12
3	ditto	ditto	3	ditto	8	3	8
4	ditto	ditto	ditto	ditto	8	3	12
5	ditto	ditto	ditto	ditto	8	3	8
6	ditto	ditto	ditto	ditto	8	3	8
7	ditto	ditto	ditto	ditto	—	3	8
8	ditto	ditto	ditto	4	—	3	—
9	ditto	ditto	ditto	ditto	—	3	—
10	ditto	ditto	ditto	ditto	—	3	—
11	ditto	ditto	ditto	ditto	—	3	—
12	ditto	ditto	ditto	ditto	—	3	—
13	ditto	ditto	ditto	ditto	—	3	—

* On the 29th of January the catamenia appeared, and continued five days, in proper quantities and natural in colour. During this period, the acid was omitted; and on the 3d of February, it was again repeated and continued.

The

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The patient came from the country; and as she now appeared so far recovered, it was recommended to her to return home, as in all probability her native air would very much contribute to her complete recovery. Accordingly, on the fifteenth of February she went home; but she was still considered as an out-patient, and had directions given to her to persevere in the use of the acid, as the urgency of her complaint might occasionally require.

Nearly nine months having elapsed, it was thought proper to re-admit her again as an in-patient, in order to ascertain and verify the specific effects of the medicine; to this she readily assented, and on the 24th of October she appeared again at the Infirmary, when strict attention for some days to her general health in every particular was paid. The quantity of urine passed off at this time never exceeded three pints. The patient looked well, ate, drank, and slept well; and on the second of November she was discharged cured.

In three cases of excessive polydipsia, I have known the nitrous acid essentially useful.

CASE OF RABIES CANINA, OR HYDROPHOBIA, WITH REMARKS. *Communicated by* SAMUEL ARGENT BARDSLEY, M.D. *Physician to the Manchester Infirmary, Lunatic Hospital, &c.*

ON the 31st of August, 1803, at eleven o'clock, A. M. I was desired to visit John Warren, ætat. 16, who had just been admitted, as a case of emergency, into the Manchester Infirmary. I learned the following particulars from the patient, and his parents who accompanied him. The latter were examined apart, as I wished to avoid exciting any suspicion in the patient of the nature of his malady, which had already been represented to me as a supposed case of Hydrophobia.

To the best of the united recollection of the parties, the patient was bitten by a strange dog, about four months ago, (sometime in May) on the outside of the right hand, near to the first joint of the little finger, while playing with his companions in the dusk of the evening. The animal suddenly darted on one side, and seized him by the hand, which it held for some time in its mouth. A severe wound

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wound was the consequence of the bite, which continued open for about ten days, and then healed with little difficulty. No suspicion occurring to the boy or his friends, of the animal being mad, the wound was dressed with common cerate, and no internal medicine exhibited.

On Saturday, August 27, the patient first complained of coldness, and a slight numbness, extending from the cicatrix of the wounded hand along the arm, up to the shoulder and neck of the same side. General rigors succeeded to this local sense of coldness, attended with loss of appetite and depression of spirits. The latter symptom was more particularly noticed, as the boy had enjoyed general good health, and was of an active, lively disposition. He passed a restless night, and the next morning (the 28th) experienced, for the first time, when attempting to drink his tea at breakfast, a pain and stricture about the throat, and great difficulty in swallowing the liquid. This symptom was followed by restlessness, great anxiety, and an aversion to keep the body in a recumbent posture. Considerable thirst and clamminess of the mouth were felt; to remove which, the patient made several fruitless efforts to get down water, and other liquids. He was distressed by the air blowing upon him, and complained of its chilling effects, although the weather was close and warm. He had passed the whole of the interval from his seizure on the 27th, till his admission on the 31st, without sleep, and in either a standing or sitting posture. Some little solid food had been swallowed, but with scarcely any relish or appetite.

From this recital, there could scarcely be entertained any doubt of the nature of the patient's disorder. Having attended upon two fatal cases of genuine hydrophobia, and consequently witnessed the peculiarity of voice, gesture, and manner that characterise (independently of the dread of liquids) this disease in all its horrid calamity, (and which must for ever baffle the power of language adequately to describe) it only required a few moments attentive observation to decide upon the character of his complaint. At the time of his admission, (eleven o'clock, A. M.) his countenance expressed great distress and anxiety. The eyes wandered, at times, with apprehension and distrust, from one object to another; and occasional twitchings might be perceived in the muscles of the face and throat. He was restless and impatient, and, indeed, no persuasions could prevail upon him to sit steadily, for a minute, upon one seat,

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seat. On attempting to drink some wine and water, he was seized, on the liquid touching his lips, with a sense of suffocation and violent spasmodic contraction of the muscles about the throat and fauces; the larynx became suddenly inflated and as suddenly depressed, and the muscles of the neck seemed to swell and enlarge in a surprising manner. By resolute perseverance, however, a small portion of the liquid was forced down. He ate a little solid food with tolerable facility. But upon barely mentioning, that a vessel of water was to be filled in the adjoining apartment, he experienced a renewal of the oppression at the præcordia, and gasped for breath with vehement struggles. His pulse 120, somewhat feeble, and irregular. His skin moderately warm and rather dry; but every now and then, he described himself to be afflicted with a glow of heat, "as if on fire," (to use his own expression) which began in the legs, and gradually extending upwards, until the whole body was in a flame. This sensation of extreme and peculiar heat was followed by slight rigors; yet, what is worthy of remark, the temperature of the skin was not augmented or diminished, during either the hot or cold stage. Being desirous to ascertain whether my patient suspected the nature of his disorder, I put some questions to him, concerning the origin of the accident. But I found, that although the circumstance of his having been injured by the dog had sunk deep into his mind, yet it was unaccompanied with any notion of a connection between the accident and his present malady. The degree of terror, arising from the suddenness of the attack, during the obscuring of the approach of night, had affected his imagination so strongly, that he emphatically, and with a look of disgust and horror, told me, that the animal "rushed upon him suddenly like a black spirit, and made him shriek with fright;" but that his alarm had abated when he could discern that it was only a black dog, which he had before seen in the neighbourhood. He now complained of an uneasy sensation in the wounded hand, which, darting along the arm, fixed itself in the throat and breast. No discolouration, or tumefaction, could be discerned about the cicatrized wound, where these pains originated. A copious flow of saliva occasioned him to spit out frequently; and although the tongue appeared clean, he complained of a fetid taste in his mouth, and bad smell in his nostrils.

From the history of the case, previous to the patient's admission into the Infirmary and the present state of the symptoms,

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symptoms, little or no chance of success could be expected from any medical treatment; for the disorder might be fairly considered as advanced to its last stage. But notwithstanding that the patient's doom might be pronounced as nearly certain; yet it was felt an urgent duty to attempt every thing with promptitude and diligence, that might afford the least chance of relief. One grain of opium was given immediately on his entrance into the ward, and three pills composed of bread-crumb moistened with the spt. ammon. pur.* were ordered to be swallowed every half hour. A caustic was applied to the cicatrix of the wound; and as the fame of Galvanism, in the cure of hydrophobia, had gone abroad, it was thought proper not to neglect giving this remedy a trial. For this purpose I solicited the aid of my friend, Mr. William Henry, (whose celebrity as a chemist and philosopher is well known) in administering from a voltaic pile in his possession, Galvanic shocks through various parts of the body; but chiefly the head, throat, and breast. The apparatus consisted of sixty plates; but no very perceptible effects followed its application, except when the conductors were applied to the temples. Then, and then only, did the patient discover any strong signs of his being affected by the Galvanic influence. During the operation, which lasted a considerable time, the pulse was somewhat accelerated, but no other change could be perceived. The patient was now conducted to a slipper-bath, heated to ninety-six degrees. He was greatly appalled at the sight of the water, and could not be persuaded, for a length of time, to lie down in the bath, or suffer the fluid to rise higher than his chest. His fears of suffocation, when the water approached the præcordia, amounted to an agony; and being threatened with violent convulsions, he was speedily removed from his distressing situation. He now (two o'clock, P. M.) swallowed a third pill, containing thirty

* I was induced to make trial of this remedy, from its efficacy in subduing the deleterious effects produced by the bite of the cobra de capello. The close analogy to be observed between the symptoms produced by the bite of a rabid dog, and those which followed a similar injury inflicted by the cobra de capello, might warrant the supposition of an identity in the nature of their respective causes; and consequently the plan of cure, which had succeeded in the one case, might rationally be expected to answer in the other. This is further illustrated in my paper "On Canine and spontaneous Hydrophobia, published in the 4th volume of the Manchester Society's Memoirs.

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ty drops of the pure caustic alkali, with little or no difficulty. Half an ounce of tinct. opii mixed with the yolk of egg, was ordered to be rubbed into the inside of the legs and thighs, and his pills to be repeated as before directed. A consultation had been called in the forenoon, of Dr. Percival, physician extraordinary, and all the rest of the faculty belonging to the institution; but could not be held till five o'clock, P. M.; at which time the whole body met; and after due consideration of all the circumstances of the case, the following plan was ordered to be pursued. One grain of cantharides* finely powdered, and made up into a pill, with mucilage of gum arabic and crumb of bread, was to be immediately given; and repeated every two hours, until a strangury, or some other sign of irritation was excited. The patient was also ordered to be placed on an insulated bed and exposed to the electrical influence, by the medium of a chain connected with the conductor of the machine and the body of the patient, for the space of one hour. Sparks were likewise to be drawn from the throat and parts adjacent for twenty minutes, and both these processes to be twice repeated before twelve o'clock. As the administration of opium, by friction, had produced a drowsiness, and a suspension of his sufferings for a few minutes, it was to be renewed twice during the time of the patient's exposure to the effects of electricity. In half an hour from the period of the electrical machine being put in motion, he became more calm and tractable, and expressed a desire to drink some water, which he was able to perform with comparative ease and readiness; and with no small marks of pleasure, and even triumph. After the frictions had been completed, he could lie down for ten minutes together, and did not start up in his usual hurried and distressed manner. On visiting him again, at twelve o'clock the same evening, I found he

* I ventured to propose the internal exhibition of cantharides, with a view to bring on a strangury, from an acknowledged principle in the animal economy, viz. that one irritation already existing may be cured by exciting a counter-irritation. The use of cantharides in hydrophobia is mentioned by Morgagni, and has been lately in vogue among several German practitioners for a similar purpose. The safety and utility of the practice, in treating some desperate cases of tetanus, led Dr. Mease to recommend its trial in hydrophobia, which he (justly I think) deemed to be strictly allied to tetanus, as a disease of nervous irritation and debility. Any kind of practice, however, which is founded on rational analogy, may, with propriety, be attempted in the cure of, what may be hitherto termed, an irremediable disease.

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he had passed the interval from my last visit, with alternate exacerbations and remissions of the more violent symptoms. He had taken four doses of the pills with cantharides, and had felt much relieved by an emollient glyster, that had been provisionally directed. This injection had procured a plentiful discharge from the bowels of regular fæces. For the last hour, he had been subjected (in the usual manner) to electricity, by the aid of a very powerful machine, which was directed by a professed and skilful electrician; and strong sparks were also drawn from the throat and præcordia; but no shocks were attempted to be given. The sparking now seemed to increase his agitation, and was therefore soon discontinued. He complained of a slight pain in the pubis; but without any strangury. As this effect had not been produced, and the stomach and bowels did not appear to suffer from the use of the cantharides, a repetition of the pill every hour was directed, until some manifest impression had taken place. The opiate friction to be continued; and as the patient complained of extreme thirst and dryness of the fauces, a mixture of nitric acid, sugar and water, was prescribed as a common drink. Although the patient could both swallow some small portion of liquids, and bear a recumbent posture for many minutes, yet his strength was fast declining. The pulse had become feeble and irregular, and all his motions and gestures denoted increased debility. He gasped, at intervals, with eagerness for breath, and a remarkable lateral motion of the jaw might be occasionally perceived, which seemed partly to arise from all the muscles subservient to deglutition being forcibly exerted in procuring a flow of saliva, to relieve the parched state of the mouth and fauces; and partly from an effort to assist his impeded respiration, which, at times, was increased almost to suffocation. This symptom of stricture at the breast engaged his constant attention; and he seemed to wish for a wider expanse of room and air to breathe in. He expressed the utmost horror at being requested to blow his nostrils; nor would he suffer his face to be touched by his own, or any other person's hands. Indeed, he often cried out, "I shall be choaked," if an attempt was made to wipe away the mucus from his mouth and nostrils. After remaining with him about an hour, I found the spasmodic constriction at the throat continued to increase, and that slight convulsions assailed the muscles of the neck, breast and arms. He still felt shooting pains dart rapidly along the injured hand

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hand and arm to the throat and side; but still no visible alteration in the wounded part could be discovered. His timidity had increased; and he examined every face and object with a suspicious eye. The pulse was tremulous and irregular, and exceeded 140 strokes in the minute. His voice hoarse, indistinct, and wailing; could scarcely articulate the expressions of despair. He soon sunk into a drowsy torpid state; but, at intervals, uttered delirious shrieks, attended with convulsive spasms, threatening instant destruction. The termination of his sufferings was now evidently approaching. His struggles for breath became fainter and fainter. The extremities felt cold, his eyes were dim and sunk, and a cold sweat bedewed his face and neck. No hope remaining of any medical relief, he was committed solely to the pious and affectionate assiduities of his sorrowful parents, (neither of whom had scarcely ever quitted his bedside since his entrance into the infirmary) and in their presence he expired, at half past four o'clock in the morning, (September 1, being the sixth day from his first seizure, and the fifth from the commencement of the dread of liquids,) without suffering any violently convulsive or painful struggles.

Appearances on Dissection.

The anxious wish of the parents, that the body might be disfigured as little as possible, precluded any farther than a partial inspection. They were particularly averse to the head being opened; as, in that case, they imagined their prejudiced neighbours would discover what had been done, and blame them for permitting the same.

The dissection took place in the presence of several gentlemen connected with the infirmary, in the forenoon of the same day on which the patient died. The body appeared black in several places, and the eyes remarkably small and dim, and buried deeply within their sockets.

The principal appearances were as follow:

The muscles of the œsophagus and trachea exhibited no appearances of inflammation.

Trachea and lungs:—The inner surface of trachea, just before its bifurcation and entrance into the lungs, in the opinion of one or two of the gentlemen present, was slightly inflamed. But the indications of inflammation were certainly of an equivocal and dubious kind. Something like dots, or strokes of red blood, were discernible upon a small portion of the inner membrane; but they were neither numerous nor distinct. No adhesions to the pleura,

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nor turgescency of the vessels of the lungs, could be perceived. The heart and pericardium were free from disease.

Stomach.—As in the other two instances which I had inspected, inflammation, in a greater or lesser degree, was discovered upon the inner coats of this organ; and the same phænomenon having been observed in perhaps the majority of other cases, great attention was paid to the condition of this viscus. No external appearance of disease could be traced; nor, when its contents had been discharged, (which amounted to about three ounces of a dark coloured and somewhat tenacious fluid) and its coats gently cleansed with warm water, and exposed to view by a longitudinal division, from the cardia to the pylorus: was there any trace of inflammation to be discovered—small particles of the cantharides lay scattered within its rugæ or folds; but even this irritating substance had not induced an inflammatory appearance.

The viscera of the abdomen were perfectly sound, and exhibited no uncommon appearance.

Remarks.

I shall venture to make a few remarks on this case, with a reference to the character and treatment of hydrophobia. The history of the symptoms, and its fatal termination, leave no room to doubt of its being an instance of rabies canina, or rabid hydrophobia. No intelligence, indeed, could be gained concerning the real state of the dog; but the symptoms of pain, numbness, and coldness, that originated in the cicatrix of the patient's wounded hand, four months after the bite; together with the speedy accession of hydrophobia, and the train of other characteristic symptoms which succeeded, seem to me quite decisive on the point in question. Among the symptoms enumerated in the history of this case, one may be noticed which did not appear in those instances that have fallen immediately under my observation; nor has it indeed been distinctly remarked by writers on the disease. I allude to the very troublesome sensation of heat, or burning, which the patient described, as extending from his legs throughout the whole frame; and yet unaccompanied by any sensible demonstration of increased temperature. Does not this fact strengthen the supposition, that the canine virus operates upon the nervous system? For in many hysterical and nervous cases, such sensations are often complained of; yet, neither in these, nor in the instance under consideration,

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tion, did it appear, that the action of the vascular system was in any way affected during this extraordinary heat or glow: moreover, the sensation is transitory and fluctuating in both instances.

I had occasion to remark, in former cases, some degree of that lateral and, at times, depressed motion of the jaw, which formed a striking feature in this patient's complaint. That it arises from the causes before enumerated, I think, is highly probable. But what is well worthy of observation, not only in this, but in every other case of genuine hydrophobia, (that I have either seen or heard of) the existence of stricture about the throat and præcordia, invariably constitutes one of the primary symptoms of this baleful malady; increases with its increase, and attends the patient till nearly the last moment of his existence. Happy would it be for humanity, and highly honourable to the medical art, if a remedy could be discovered for this justly reputed *opprobrium* of medicine! It is, however, somewhat consolatory to find, that opiate frictions, and the use of electricity (in the manner already pointed out) seemed to possess the power of abating the irritability of the system, and producing a transient mitigation of the patient's sufferings. Considering the very late period of the disease at which these remedies were tried, no very sanguine hopes could be entertained of their being useful, even as *palliative* means; but may not more permanently beneficial effects be derived from their exhibition in a very early state of the disorder? The administration of two such powerful medicines, as the pure caustic alkali and cantharides in substance, seems at least to be safe, if not useful, from what has been already stated. Most unquestionably, if it should ever fall to my lot to treat a third case of so distressing and fatal a malady, I shall be tempted to try safe, yet active doses of the arsenical solution (as the most powerful tonic in the whole range of the materia medica) along with wine, opiate frictions, and electricity. I am the more confirmed in the hope of utility from this practice, as it met with the approbation and recommendation of my highly respected and much lamented friend, the late Dr. Percival. Sanctioned by his authority, medical practitioners may probably be induced to make trial of this method of cure:—a method that, in part, has certainly succeeded in alleviating some of the symptoms of hydrophobia; but which, indeed, is chiefly recommended by its supposed agreement with the rational principles of analogical induction.

Manchester, Dec. 11, 1804.

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Extraordinary Appearance of the Stomach, *discovered on Dissection*; *by* Geo. Edw. Male, M. D.

Sept. 21, 1803, Mary Darlington, ætat. 15 years, had been complaining for two or three days of slight pain in her bowels, which became greatly aggravated on the morning of the 21st inst. I was called to her in the evening of the same day, and found her labouring under enteritis. Her countenance was pale and ghastly; pulse 150; urine scanty, and high coloured; body costive. She could give no account of the cause of her disease. I was informed she had had this complaint, accompanied with gastritis, about four years ago, since which time she had occasionally complained of a pain in her stomach. She had taken an emetic, and some gin with the tincture of rhubarb, by the advice of one of her female neighbours. I ordered ℥x of blood to be taken from her arm, and a glyster, with an ounce of castor oil, to be exhibited immediately. Her abdomen was directed to be fomented with a decoction of chamomile; and her thirst being extremely urgent, she was allowed toast and water made tepid to drink. At eleven o'clock I was informed no blood could be obtained by the lancet; leeches were applied to the abdomen, but as she was then evidently about to expire, nothing farther was done, and she died about an hour afterwards.

Appearances on Dissection.

Leave having been obtained to inspect the body, it was opened on the morning of the 23d of September, thirty-six hours after death, by Mr. Edwards, Apothecary, at the Dispensary.

The omentum was found adhering very firmly to the peritoneum on both sides, and also to the intestines in several places. A very large quantity of serous fluid was discovered in the cavity of the abdomen, amounting to several quarts, with considerable effusion of coagulable lymph. The small intestines exhibited marks of general inflammation, and the larger ones were slightly affected and much distended with air, but no appearance of gangrene was discoverable. The liver was rather small, and of a paler colour than natural. The stomach was empty, and appeared partially inflamed; and in the superior part of it, near the cardia, was a foramen, nearly circular, about three quarters of an inch in diameter, perfectly smooth and regular;

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regular; it had not at all the appearance of having been eroded by the gastric juice, or of being the effect of *recent* inflammation. On the opposite side of the same organ was another foramen, nearly of an oval form, not quite half an inch in length, which however did not perforate the external coat of the stomach, but had apparently formerly done so, and afterwards become closed, and the edges united by a cicatrix. The other parts of the stomach were perfectly sound. I presented the stomach to Mr. Freer, surgeon, in Birmingham, who has preserved it in his collection. The rectum contained a few hardened scybala, but the other parts of the intestinal canal were nearly empty. I have enclosed a rough sketch of the parts, of which you may make what use you please.

Birmingham, Dec. 8, 1804.

EXPLANATION OF THE PLATE.

a. A part of the interior side of the stomach, the other parts being cut away.

b. A foramen about half an inch in length, nearly oval, but not perforating the external coat.

c. A foramen in the superior surface of the stomach, about two inches in circumference.

OBSERVATIONS RESPECTING INOCULATION; *by* W. KING, M. D.

1. HAVING inoculated with cow-pox matter, some children who had been inoculated with small-pox three years before, a very slight local irritation only could be produced.

2. On trying the variolous matter, after the vaccine, no effect whatever was produced.

3. I made use of vaccine matter taken from the arm so early as the eighth, and so late as the sixteenth day from inoculation, with equally complete success.

4. Having inoculated a number of children with matter (vaccine) which had been kept between two pieces of glass for two months, only one in nine missed infection.

5. In one instance I inoculated with vaccine matter, with equal care, *three times* before it took effect.

6. I inoculated (with cow-pox matter) a lady near sixty years of age, who went through the different stages of the disease! She had brought up a family of ten children, and attended them all in small-pox by the natural contagion, without ever having had the disease herself; but was al-

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ways under great apprehensions of it. Two of her children were inoculated with the vaccine matter at the same time with herself; in them no effect was produced, while she had this disease favourably, and thus was freed both from the danger and dread of the other.

7. An instance of cow-pox, measles, and hooping cough, in the same person, at the same time, as under. I was called to visit a maid-servant ill of the measles, at a village where a number of children had the hooping cough; she had been there only a few days, and had come from another village, where measles had lately prevailed. I had proposed to inoculate all the children of this village with cow-pox gratis; but the measles having appeared, the lady of the house wished to know if it would be proper to do so at the time? I replied, that as to the cow-pox as a disease, no danger whatever was to be apprehended from it; and as the hooping cough prevailed, there was great reason to believe that it would much alleviate, if not altogether relieve some from it; besides, I thought there was a probability that it would prevent the contagion of measles from spreading. The lady did me the honour of assenting to these ideas, and thought the people would all be glad to avail themselves of so kind and generous an offer. Accordingly they all, to a few, brought their children to be inoculated.

In the house nearest to the hall were three children; one of them four years old, another two, the third a few months; the oldest child, a boy, was occasionally in the kitchen where the servant was, under measles; about the usual time his arm inflamed, and also the measles appeared; his cough became much easier; all symptoms pretty mild.

The youngest child not having taken the cow-pox, I repeated the inoculation in the one arm from the pustule of the child with measles, and in the other from that of the second child who had not measles.

The infection took place in both arms, and I could perceive no difference in the appearance of the pustules, nor did the infant shew any sign of measles; its cough, however, was also relieved during the vaccination; and what was observable, the measles seemed so to have protracted, or retarded the progress of cow-pox in the oldest child, that the arm of the young one, inoculated from it, was healed up before his.

No other child in the village took measles, which I apprehend might be attributed to vaccination; all of them were, more or less, relieved of hooping cough during it.

Another

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Another servant girl, who came into the house afterwards, took the measles; yet, even after that, they did not spread in the village.

Fully convinced of the great value of the Jennerian discovery, I had endeavoured to extend its utility to the poor; and with this view, at one village, I offered to the Farmer to inoculate all the children on his extensive farm without any expence. He sent his servant to inform them, and lest any mistake had been committed, he went himself, and returned with the same report as he had received, that none of the parents would tempt or offend the Lord by bringing disease on their children, but would trust to Providence! He thanked me kindly for so generous an offer, but was very sorry his dependents would not avail themselves of such liberality, of which, from their conduct and ignorant superstition, they proved themselves unworthy.

Respecting Scarlatina Anginosa.

Chiefly in the months of September and October last, prevailed the scarlatina anginosa, which much resembled that described by Dr. Sims, as met with in London in 1786. Several anomalous cases were met with, some few died. In some the eruption was considerable, the throat little affected, and the contrary. Sometimes the throat appeared ulcerated very early, and in others late in the disease, and in several the sebaceous crust only appeared. In some the inflammatory symptoms were brisk at first, in others they had a putrid tendency.

Going one day to visit a family ill of it, one had the eruption very complete, with strong fever from the first; it occured to me, without being conscious of having ever heard of any similar suggestion, that it might be communicated by inoculation. I prevailed on the parents to submit one child to it. The result was, that the arm inflamed, and the child took the disease much as in cow-pox, and the febrile symptoms were so slight that the child was not at all confined thereby; the vesicles filled with laudable pus, and gradually dried off. I afterwards inoculated the child with cow-pox, and it took the disease very favourably.

Another child, very like it in age, constitution, &c. was inoculated with cow-pox, and its arm was the most inflamed and ulcerated of any I met with during the year.

Query. Might not the Scarlatina, by inoculation, have caused the other to be more easy?

May not Scarlatina be safely inoculated for?

May it prevent Small-pox, or other Exanthemata?

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

SOME people are of opinion, that the subject of Vaccination is exhausted. To me, however, it appears, that the discussion of that subject has increased, is increasing, and ought not to be diminished, till the practice is universal, or the small-pox exterminated from the face of the earth.

On a former occasion I expressed a doubt, whether the secondary eruptions which occurred after the insertion of supposed vaccine virus, in the practice of Dr. Adams, when at Madeira, were of the vaccine kind. That doubt is not lessened by any thing which I have since read.

In the infancy of the practice it was generally believed, that the cow-pock was an eruptive disease. This was owing to the variolated atmosphere which many of the patients breathed; or to the introduction of the small-pox into the system by some other means, instead of the cow-pock. It is well known that this particularly occurred in the practice of Dr. Woodville; yet Dr. Adams tells us, that in this respect he is content to stand on the same ground with Dr. Woodville.

It was my painful lot to point out the true nature of those eruptions, and to prove that they were the real small-pox; not eruptions produced by the cow-pock, in consequence of the patient breathing a variolated atmosphere, as some gentlemen imagined. In proportion to the care taken to avoid all communication with the small-pox, those eruptions ceased; and medical practitioners in general now consider the cow-pock as a local disease. What those eruptions were which appeared in the practice of Dr. Adams, I must leave to others to determine.

Rashes of different kinds are frequent attendants on the cow-pock; but I have never yet seen a single instance of a secondary vaccine vesicle, that might not easily be accounted for, in consequence of a second inoculation with the nail of the patient. In very young infants, who are not able to scratch their arms, I have never seen a vesicle of this kind.

Dr. Adams's eruptions are the less likely to have been vaccine, from their having been observed, in some instances, where no sign of infection appeared at the place of insertion. Two such deviations from the usual law of nature require long experience to confirm them.

It

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It is true I expressed a doubt concerning Dr. Adams's cases, when we met previous to his journey into Scotland. The same doubt was, and is still entertained, by those inoculators with whom I am acquainted. Not expecting to meet Dr. Adams, I had not for a considerable time read his description of those cases; I, therefore, in the course of conversation mentioned, that many eruptive cases had occurred in my own practice, and that of others, in the infancy of vaccination; and that those eruptions were now well known to have been variolous.

Dr. Adams has, undesignedly, made me commit a great blunder, by misquoting my words. He makes me say, that matter taken from such eruptions has produced the chicken-pox. It will, however, appear, by referring to my letter in the Medical and Physical Journal for October, that the eruptions to which I then alluded were those of the chicken-pox, not the small-pox.

Dr. Adams notices the candour and moderation of Mr. Cardan of Worcester; if he will inquire into the conduct of the practitioners in this metropolis upon similar occasions, he will find that he need not have travelled to Worcester for such examples.

Dr. Adams says, we ought always to give our antagonist credit for all the good intentions he professes; and that a very slight knowledge of the world will teach us, this is the readiest way to convince him. A very slight knowledge of the world, however, will teach us, how dangerous it is to trust to professions; and that it is not easy to convince a man of any truth, which stands in opposition to his interest. None are so blind as those who will not see.

Dr. Adams asserts, that if the favourers of vaccination should be ready to admit some of those motives suspected by Dr. Macdonald, its enemies will think still worse of a cause, which requires such insinuations to support it. If, however, Dr. Macdonald saw reason to suspect sinister motives in any antagonist, it was his duty to declare it. If his suspicions were ill-founded, his insinuations would rather injure himself than the practice he meant to defend.

I cannot but be rather surprized at Dr. Adams's opinion, that a defect of evidence or irregularity, even when acknowledged, reflects on Mr. Goldson the highest honour; since there were other witnesses who could have corrected any misrepresentation.

Dr. Adams pronounces an eulogium on Mr. Goldson's veracity, and affirms, that when he was anxious to discredit vaccination, he did not strain his evidence. To me, however,

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however, and to many others, he appears to have strained his evidence; some instances of which are to be found in my answer to his pamphlet, and others in that of Dr. Macdonald. Had he strained it more, he would have been liable to detection; and have stamped an indelible stigma on the cause he meant to support.

Dr. Adams calls himself a zealot; and is willing to bestow the same compliment on Dr. Willan. I trust, however, that neither of those gentlemen will ever make good his title to that opprobrious epithet; nor on any occasion betray more zeal than discretion.

The world is much obliged to Dr. Adams for reminding us of Mr. Hunter's criterion of the small-pox; which, I trust, will in future supersede the practice of inoculating with matter suspected to be variolous; a practice to which some gentlemen are extremely fond of having recourse upon every occasion, regardless of the consequences it may produce. Thus the mischiefs arising from the failures, and even the supposed failures of vaccination, are multiplied a hundred fold.

In the last number of the Medical and Chirurgical Review is a contribution to vaccine literature, which, if not very learned or ingenious, is at least very long; it forms a part of a deep conspiracy against vaccination. The author tells us, that "speaking abstractedly," (he means *distractedly*), "it is of no moment in which way the question respecting the vaccine practice is ultimately determined." This is a most extraordinary assertion. The hopes of the public have been raised to the highest pitch; and after being taught to expect a mild substitute for the small-pox, and the extermination of that dreadful disease, we are told, it is of no consequence whether their hopes are realised or not.

We are also told, that the author of the article asked permission to consult the Minutes of the Vaccine-Pock Institution, in Broad Street, Golden Square; *who* had taken much pains to investigate the different cases. He obtained permission; and, after consulting the Minutes, appears to have made as free with them as if they were his own.

With respect to the Cases in Fullwood's Rents, we are informed the account received from Mrs. Hodges seems to prove, that the progress of vaccination was regular and satisfactory; and that the subsequent small-pox is not controverted. But in opposition to these, and other supposed failures,

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failures, we are afterwards told, that Dr. Pearson attributes them to the negligence and ignorance of inoculators; and endeavours to prove, by a comprehensive view of the subject, and a very copious induction of facts, *that notwithstanding the late failures, and many more that are to be expected, it is a law of the animal economy, to have the susceptibility of the small-pox totally destroyed by the cow-pock; and that there is no more reason to doubt the universality of this law in the inoculation of the cow-pock, than in the inoculation of the small-pox.*

This being admitted, it follows of course, that certain persons, either through ignorance, or self-interest, or malevolence, have spread false alarms; filling the minds of parents with groundless fears, and doing an injury to the rising generation, for which they can never make an atonement.

We next learn the result of inoculations instituted by Dr. Pearson, for the sake of ascertaining whether the cases in Fullwood's Rents were variolous. This, I trust, will be the last report of such experiments, the necessity of which can no longer be pleaded, nor the criminality of instituting them palliated, since the criterion pointed out by Dr. Adams is generally known.

In one case there was the regular small-pox; in another there were some eruptions resembling the tooth-rash, or such as occur frequently after the cow-pock. These, which on a former occasion I have termed *miliary eruptions*, are the effect of simple cuticular inflammation, produced by mere heat, or any other stimulus whatever; and are so common as not to excite much attention, unless they occur after putting a vaccine patient to the test of variolous inoculation. But in that case, mole-hills are turned into mountains, and miliary eruptions into the small-pox.

Several instances of this sort I have noticed on former occasions; and others are continually starting up like hobgoblins, spreading a panic among women and children, and a *pretended panic* among certain medical practitioners; some of whom cannot conceal their exultation on account of the recent failures, or their sanguine hope, that this branch of practice will in future be confined to professional men.

It is, however, a little surprising, that these gentlemen did not shew any signs of sorrow on this melancholy occasion. Had a series of similar occurrences realised their expectation, and confirmed their opinion, even in that case, the enthusiasm manifested by others in favour of vaccination

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vaccination would not have been an object of censure, but a fault—

Ignoscenda quidem, scirent si ignoscere manes.

I have, on former occasions, related instances of the small-pox occurring a second time. In the article under consideration we are told, that Dr. Woodville has never met with an instance of this kind; and Mr. Wachsel is doubtful whether he has or not. I shall, therefore, add others which have since come to my knowledge.

The first is that of Mrs. Smith, of Jennings's Row, Kensington, who was inoculated when she lived at Catfield, in Norfolk, by Mr. Downes, with recent matter taken from a child, who, together with her mother, laboured under the small-pox; of which the mother died.

Mrs. Smith was taken to the apartment where these variolous patients lay, and inoculated on the spot. Her arm rose, she sickened, and had about fifty pustules. She was then about nineteen years of age.

Above twenty years after, her daughter, who now lives with her, had the confluent small-pox in the natural way; in consequence of which she is much pitted. Mrs. Smith caught it of her, and had it so severely, that her husband counted about five hundred pustules on her back.

The second case is that of Mrs. Skittleworth, at No. 3, Horse Shoe Alley, York Street, Westminster; who was inoculated for the small-pox in Wales, when nine months old. The matter was taken from a child, who, together with its mother and three other children, was covered with the natural small-pox. The woman was so ill, as to be unable to suckle her child; it was, therefore, suckled by Mrs. Skittleworth's mother, together with her own. Mrs. S. has repeatedly been informed by her mother, that her arm rose, that she sickened, and had about twenty-five pocks. On coming to London, she caught the small-pox in the natural way, has had a very heavy burden, and is much marked by that cruel distemper.

Having asked this woman why she did not have her child inoculated, she answered, "Sir, I was inoculated myself in my infancy, when in Wales; and, on coming to London, caught the small-pox again, and had it as you see."

With respect to the cases in Fullwood's Rents, one of them was over before I heard of the affair; the other I acknowledged to be the small-pox at first sight. Whether either or both of them previously had the perfect and genuine

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genuine cow-pock, I am not quite so certain. The evidence in favour of that opinion is undoubtedly strong; and would be conclusive, had we not been taught by Dr. Jenner and other practitioners, that a spurious pustule, produced by vaccine virus taken at a late period, may so nearly resemble the genuine, as to be mistaken for it; and that such a spurious pustule is capable of perpetuating its like.

Since I first had reason to believe this hypothesis, I have cautiously abstained from taking matter at a late period; and am therefore not fully competent to decide the question; but if that hypothesis is well founded, it is not sufficient to assert, that the matter with which one of the children was inoculated, was taken on the eighth day, unless it can also be proved, that it had not been previously vitiated by a neglect of this rule. As to the other child, it is not known on what day the matter, with which she was inoculated, was taken.

I am, however, ready to admit, for the sake of argument, though by no means convinced of the fact, that both those children had the small-pox after the cow-pock. While failures in the inoculation of the small-pox are so numerous, it is not necessary to maintain the doctrine of those zealots in vaccination, who contend, that no failure can possibly occur in the inoculation of the cow-pock.

> Non tali auxilo, neque defensoribus istis,
> Tempus eget.

An objection has been urged against any testimonial, declaring that the cow-pock is a perfect security against the small-pox. The objection is indeed plausible, but not new. However, till better and more accurate testimonials are published, it may be sufficient to remark, that many who subscribe the present, only mean to lay down a general rule; which is not without exceptions. Nevertheless, it would be more correct, and more justifiable, to declare an opinion, that those who have had the cow-pock are as secure as those who have had the small-pox.

The Kensington case is again obtruded on the public, in the Medical and Chirurgical Review, and with no small degree of effrontery. A committee, consisting of Dr. Pearson, Mr. Payne, and Mr. Young, is said to have been appointed by the board of the Vaccine Pock Institution, to investigate this case; in which, it is justly observed, the question of the child's having had the cow-pock, is the only point in dispute.

Having

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Having enquired into this case very minutely more than once as an individual, and afterwards as a member of a committee appointed by the Medical Council of the Royal Jennerian Society, I was so fortunate as to discover two very important circumstances, overlooked by those who had previously enquired into the case; some of whom were very anxious to prove it had been a case of cow-pock, in order to explode the practice; others, *because it occurred at a rival institution.*

The first of these circumstances was, *that the inoculator never saw the child after the fourth day;* the second, *that the pustules were both ruptured at an early period.* This latter circumstance, which rendered it more difficult to determine whether the disease had been genuine, and whether it went through its regular course, is carefully kept out of sight, in all the various and contradictory reports of the case, published in the Medical and Chirurgical Review.

Even in the present account, there is one blunder. The *mother* did not attend at the inoculator's house on the Monday following, but the *daughter.* This is not material to the point at issue; but it is material towards shewing the inaccuracy of the report.

As another proof of its inaccuracy, we are told the child's *arms deadened,* and became *an entire* scab. Mrs. Meredith had first declared the scab was *brown,* and afterwards that it was *black.* She now declared, that she could *neither say it was black or brown.*

The report concludes with observing, that Mr. and Mrs. M. appear to be much superior to others in the same rank of life, in consistency and accuracy. As a proof of this, we are told, he had kept minutes of the illness of the child in the small-pox, and regretted that he had not done the same in the cow-pock. Mr. M. is a shoemaker, and for his rank in life may be a sensible man, nay, he may be as good a scholar as the reporter of the case in the Review; it will, nevertheless, be adviseable for him to remember the old adage—Ne sutor ultra crepidam.

I cannot dismiss this subject without remarking, that had the father of lies been concerned in propagating a report concerning it, he could not more effectually have disguised the truth, than has in general been done on this occasion. It is evident that there is some individual, who is determined to prove the failure of vaccination in this instance;

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instance; and though repeatedly baffled in his attempt, returns again to the charge:

> Destroy the fib, and break the web,—and then
> The creature's at his dirty work again.

Such perseverance, in such a cause, carries with it rather an appearance of persecution; an appearance of envy, hatred, malice, and all uncharitableness, than of public spirit, and a love of truth:

> But what will not ambition and revenge
> Descend to?

Another case recorded in these reports, is one that occurred in my practice, in the year 1800. The subject of it was the daughter of Mr. Smith, at that time residing in Dorset Street, Salisbury Square; not in Wilderness Lane, her present residence, as stated in the report.

This error is of no consequence with regard to the grand point in question, which is the efficacy of the cow-pock; but it is of some consequence as far as it shews the careless and negligent manner in which this, as well as other cases in the report, is drawn up.

The pustules in this child were remarkably small, and bore no comparison to those of her sister, who was inoculated at the same time. The pustule, with the surrounding inflammation, did not exceed the size of a pea; and it dried and fell off so soon, that the arm was well in a fortnight after inoculation. In this respect also, the report in the Review is very incorrect; as any one may learn, who will take the trouble of calling on Mrs. Smith, at No. 34, Wilderness Lane.

No scar, resembling that of cow-pock, remains; and it is the opinion of every one who has seen the arms, that the attempt to vaccinate this child proved abortive. It will also appear, by inquiring of Mrs. Smith, that those persons who circulated a report of the child's having had the small-pox after the cow-pox, knew that they were circulating a falsehood.

The members of the Vaccine Pock Institution who communicated the case, were Dr. Pearson and Mr. Coxwell; who had visited the patient. The opinion of the officers of the Institution is, that she did not go regularly through the cow-pock. To this opinion I readily subscribe; and freely confess, that whatever blame is due, it ought to fall on the practitioner, and not on the practice.

I must, however, beg leave to state the following particulars, as the best apology for my error. At that time I practised

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I practised gratuitous inoculation of the cow-pock to a very considerable extent, both at home and abroad. Among others I inoculated the two children of Mr. Smith; first at his brother's house at Newington, and afterwards at my own house.

I then followed the rule laid down by certain inoculators, who pretended to know better than Dr. Jenner,—that of taking the vaccine fluid as long as it continued to be limpid; a rule which has proved fallacious in other instances, as well as in the present; but this is the only one, as far as I know, in which I did not detect its fallacy at the time.

The children of Mr. Smith were to have been brought to me again for inspection on a particular day; but when I called next at his brother's, I was informed it would not be convenient to their parents to bring them, on account of the distance. I therefore called once to see them; and should have called oftener, as, every one must know, ought to be done in all cases of this kind, when practicable; but other avocations prevented me. At the same time, I must own, that from the very imperfect knowledge of vaccination I then possessed, the cases appeared to me satisfactory.

I am content to bear the blame on this occasion; but am compelled, in my own defence, to mention the difficulties and disadvantages under which I then laboured. I was propagating the gratuitous inoculation of a disease scarcely known even by name, from house to house, through the large and populous district of Southwark, and the neighbouring villages; not only without the aid of medical practitioners, but in direct opposition to many of them; some of whom had recourse to the most illiberal and wicked arts, in order to check my progress. Having had such obstacles to encounter, it is to me a great consolation, that no more charges are yet brought forward against me in the same authentic way; and I shall be tolerably well satisfied, after passing the fiery ordeal now instituted, if twenty other similar cases should not rise up in judgment against me.

I am, &c.

New Street, Hanover Square. JOHN RING.

CRITICAL.

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CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

The Edinburgh Medical and Surgical Journal, exhibiting a concise View of the latest and most important Discoveries in Medicine, Pharmacy, and Surgery. By a Society of Gentlemen of London and Edinburgh, 1804.

By an advertisement prefixed to this number, we are informed that it is now to be offered to the public without the sanction of any particular names, on account of some new arrangements which have occurred since the work was first projected. The public, however, seems disposed to consider it as a continuation of the *Annals of Medicine* in a different, and, in our opinion, in a better form.

As we were in the habit of giving an analysis of the different articles in that work, we shall continue the same with the present.

The division, like our own, consists of original communications, analysis of books, and medical news. Of the former, the first article is the "History of Three Cases of Erythema Mercuriale, with Observations. By Thomas Spens, M. D. President of the Royal College of Physicians, and Physician to the Royal Infirmary of Edinburgh.

These cases are, in every respect, similar to those lately published by Mr. Alley, of Dublin, and Dr. Moriarty, of Roscommon. The former gives them the general name of the mercurial disease; the latter, *lepra mercurialis*. On account of the great desquamation, the latter term appears to us less objectionable than either of the other. This desquamation, or, from its depth and rapidity, as it may sometimes be called, this excoriation with exudation, peculiar fœtor, and in some instances, fever, are the peculiar character of a disease which seems altogether the consequence of idiosyncrasy. In the cases here related, exposure to cold was added to the exhibition of mercury. But this, the author remarks, is so common an occurrence, as to be considered an insufficient cause, without a peculiarity of constitution. In Dr. Moriarty's cases, we might add, an increased heat of the atmosphere, more commonly was noticed when the disease most prevailed. The complaint has certainly not hitherto been marked in the manner we trust it will be in future. Dr. Spens, indeed, gives Mr. Bell the credit of having noticed it in his Treatise; but Mr. Bell says nothing of desquama-

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tion, fœtid exudation, or fever. Moreover, he speaks of the complaint, as *not an uncommon effect* of mercury.

The second article is, " An Account of Two Cases of Tumours in the Pelvis growing out of the sacrosciatic Ligament, one of which terminated fatally, and the other was cured by extracting the Tumour through an Incision made into the Cavity of the Pelvis, through the Perinæum. By P. P. Drew, M. D. Fermoy, County of Cork."

This is a very important paper, inasmuch as it authorises an operation, which, but for the event, some people might have called rash. In the first case, the boldness of the undertaking deterred the surgeons from attempting it, apprehending that the tumour might be connected with the large blood vessels in the inside of the pelvis. The increase of the tumour at last produced a total interruption to the passages of the urethra and rectum; and during the absence of Dr. Drew, the patient died convulsed.

On making a free opening into the pelvis after death, the tumour was easily turned out, having no communicating blood vessels, and only a slight attachment to the surrounding parts, excepting at its neck, which seemed to grow out of the sacro-sciatic ligament. Its texture was gristly, and the body of the tumour was a fat gristly substance. This view of the parts after death, suggested to the operator a question, whether the tumour might not with safety have been removed during life, by making an incision on one side of the perinæum and anus, backwards towards the os coxygis?

About six months afterwards, the second case occurred. The first time Mr. Drew saw the woman, was the second day of her labour, in consultation with three other medical gentlemen, whose signatures he has thought it right to affix. The recollection of the former case, suggested the only remedy in the present. Either the Cæsarian operation, or the extraction of the tumour was absolutely necessary. Besides the well known danger of the former, even should it succeed, the diseased part would remain. Mr. Drew therefore undertook the operation of extracting the tumour by the perinæum, and succeeded. The woman was soon after delivered of a living child, and, when the case was transmitted, both were doing well. On the success of this important operation, which does so much honour to the operator and to surgery, it is unnecessary to make any remark; but we cannot dismiss the article without wishing gentlemen, who are most in the habit of deciding upon such cases, to consider whether some of those tumours, which arise from the ovaria, and are confined to the pelvis, might not with safety be extracted in this manner. We mean not to propose a hazardous operation, where the patient feels no other inconvenience than her increased bulk; but where the offices of the neighbouring parts are so much interrupted as to render life no longer desirable, such a proposal might be submitted to the patient.

Article the third, On the Treatment of Chorea Sancti Viti, by Purgatives. By John M'Mullin, Member of the Royal Medical Society of Edinburgh. The

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The object of this paper is to show, that, admitting the disease in question to be a disease of debility, still purgatives may be necessary. This is what no prudent practitioner would doubt. Debility is for the most part rather an effect than a cause; and in our curative intention, the first business is to search for the cause. All Mr. M'Mullin's cases were in the Infirmary, probably among poor manufacturer's children, or others in a similar situation. Meagre diet, sedentary habits, and in some a period of life when we might expect chlorosis, probably produced a torpor in all the actions of the viscera, which a brisk purgative would be very likely to remove, and the diet and air of the hospital might be comparatively generous and pure, considering what such objects were accustomed to. The author remarks, that the fæces at the beginning of the treatment were, in every instance, black and fœtid. Fœtid is a very uncertain term for a stool, and the blackness might have been occasioned by the exhibition of chalybeates before the patients were admitted. However, these cases may be useful, if a general prejudice prevails that cathartics are never to be used in cases of chorœa.

The fourth article contains, "Two Cases in which diseased Portions of the Tongue were successfully removed by Means of Ligature. By Andrew Inglis, M. D. Fellow of the Royal College of Surgeons, and One of the Surgeons to the Royal Infirmary at Edinburgh." These cases are well reported.

The fifth article is a "Case of a remarkable Conformation of the Urinary and Genital Organs in a Female Child, (with an Engraving). By Mr. W. H. Coates, Surgeon to the Fifth Dragoon Guards. The subject was one of twins, a female, in all respects stout, notwithstanding her unhappy formation. The history may stand among the records of those unfortunates, but no practical advantage can be derived from it. As the author observes, it resembles pretty much the case given by Dr. Baillie, in the Medical and Chirurgical Transactions. We could wish Mr. C. to be a little more intelligible in his future reflections, should he offer any.

If the partiality of the public allowed a great discoverer to explain new ideas in new language, they may not be so well pleased with our author's "whimsicalities of Nature," and his conjectures whether chance or design might have produced some of these aberrations from the customary arrangement of parts. It is, however, but justice to add, that his only intention seems to institute an enquiry, how far the want of the anterior part of the bladder may render necessary, and be usually attended with those other alterations in the parts discoverable in this and many similar subjects. A well executed plate illustrates the description.

Article the sixth, "An Attempt towards a systematic Account of the Appearances connected with that Mal-formation of the urinary Organs, in which the Ureters, instead of terminating in a perfect Bladder, open externally on the Surface of the Abdomen.

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By Andrew Duncan, Jun. M. D. Fellow of the Royal College of Physicians and Royal Society of Edinburgh."

What the former paper hints at, this promises very amply to supply. Dr. Duncan, with great industry and not less judgment, has collected all the cases related by different authors, in which the bladder was deficient, and endeavoured to make such an arrangement as may generalize, if not reduce to order this imperfect organization. After a few preliminary remarks, he divides his enquiries, by giving, first, an accurate account of a male subject to accompany Mr. Coates's description of a female. Secondly, a description of the urinary organs in all such subjects of both sexes, as have been recorded. Thirdly, other deviations from the natural structure, common to both sexes. Fourthly, a description of the genital organs of the male. Fifthly, a description of those organs in the female. Sixthly, general observations. The article in the present number, extends no further than to the fourth division. A reference to the male cases on record, follows. A plate, giving a description of a case which occurred to Mr. Astley Cooper, accompanies this article, which is to be concluded in the next number.

Article the seventh, " A Case of Catalepsy, with some Remarks on that Disease. By Richard Lubbock, M. D. of Norwich.

This curious disease, of which Dr. Cullen acknowledges he never saw *nisi simulatum*, has been accurately described by few modern authors. Dr. J. Jebb gave the history of a case, in which however many of his contemparies suspected he was deceived. Dr. Lubbock has seen several instances, two of which were in men. We are not disposed to question that gentleman's accuracy, nor do we doubt that the disease occurs much more frequently than is generally suspected, though the records are so few. The following are the particulars of this case in the author's own words.

" About twenty months ago, Mr. W——, of M——, the apothecary who attended X. Y. a lady who is the subject of this detail, wrote to me, and gave me the particulars of a complaint, appearing to him singular and anomalous, which has more or less continued to trouble her at intervals since that time. His account was, that X. Y. without any previous indisposition, was suddenly attacked, while at work or reading, with an appearance of insensibility, and loss of motion of the muscles, purely voluntary, for several minutes, although at the same time perfectly conscious of every thing passing around her; without any feeling of sickness or faintness, the colour of the countenance being unchanged, and in no degree different from what it was in the most perfect health. At that time there was no irregular or convulsive motion in any part of the body; and after remaining a short time motionless, and to appearance insensible, and at times without the power of speech, or of expressing her wants or wishes, by any kind of sign, she would in an instant resume her activity, without any

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any feeling of bodily or mental inconvenience from what had just taken place.

"During these attacks, the limbs were for the most part flexible; but now and then some degree of rigidity took place. At first, the attacks recurred but seldom, about once in a week; but afterwards they happened more frequently, and would equally take place whether the lady was walking or sitting. When the attack took place in the act of walking, she never injured herself by the fall, but, to use her own expression, she seemed to make a ridiculous display of ease and grace in falling."

From this account, Dr. Lubbock had no hesitation in pronouncing the disease catalepsy, and prescribed a variety of those remedies which are usually termed nervous and tonic, but with little success. The following is the account given of his first personal attendance.

"Upon my name being announced at my first visit, an occurrence of the disorder took place—she fell back upon the sofa, and remained motionless for some minutes, the pulse being undisturbed and regular, the colour of the countenance natural, and the respiration unaffected; and from this state she recovered in an instant, as if nothing had happened, and in full possession of the powers of body and mind. During the time she was under my immediate care, I frequently witnessed similar paroxysms when she was seated, and accompanied with rigidity of all, or of one or more of the extremities, and for a longer or shorter period, the limbs remaining in the position in which the seizure took place; and this position would immoveably remain the same, although, during the seizure, sleep should supervene: at times it happened, that the cataleptic state would come on during sleep. Thus, I have known one of the upper extremities caught nearly at right angles with the trunk of the body, at the instant of the attack, when X. Y. has been awake; and, sleep coming on during the seizure, the limb has retained the same position till the dissolution of the attack. I have also seen the complaint come on as she was walking across the room, when she would remain standing and motionless, with rigidity of the lower limbs for some time, but retaining frequently the use of the arms, and the power of speaking.

"I have seen the same rigidity suddenly affect the muscles of the head and neck, upon the head being turned towards the shoulder, to observe a person entering the room, in which position it would remain fixed for some time; and I have known the speech leave her entirely for forty-eight hours, although, during that time, she was able to walk three or four miles without fatigue. Indeed, the foregoing attacks scarcely ever prevented her from taking daily exercise, as, after they went off, she never felt any marked inability of exertion. And, to this list of irregularities of the influence of volition over the muscles, I may add, that at times she has been free from every other symptom of the attack, but the entire inability of shutting the eyelids; and at one time, for a few days,

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there seems to have been something of the irregularity of the motion of the extremities that characterizes St. Vitus's Dance, but which soon went off."

After this, follows a further account of the remedies, which the author's candour induces him to speak of, without exalting their efficacy.

Nothing can be more perspicuous than the history of this disease, which is indeed not be wondered at, when we consider its author; but this consideration makes us regret the more that we cannot say as much for his reflexions.

"Many and curious," says our author, "are the speculations suggested to the mind, by reflecting on the phenomena of the present and similar cases. It may be questioned, whether catalepsy has been correctly arranged by Sauvages and Cullen, under the order *Comata* in the class *Neuroses*. There is one general fact to be collected from all such cases, which is, that the cause of these phenomena is intimately connected with that faculty of the mind termed *Volition*. And what is remarkable and meriting attention, the same kind and degree of action, whether of flexion or extension, that this power called volition is exerting over the voluntary muscles at the moment of the accession, is immovably preserved till the termination of the attack. Thus the diffusive current of volition is, as it were, stopt or frozen up, and its course through the muscles becomes fixed, and remains precisely in the same state, till the spell that fetters its influence is dissolved, and the seizure goes off."

We cannot help thinking, that if Dr. Lubbock had made up his mind, with the same accuracy as he usually does before he offers his sentiments, he would have avoided a language well adapted to poetry. We, therefore, admire it in a Milton, and admit it in a Darwin. But we lament it in a philosopher, who at so early a period of life, and in so crude a state of the science, pointed to a revolution in chemistry, which was soon afterwards to follow.

The last original article is, "A Case of Enteritis, with Remarks. By Mr. James Rumsey, of Amersham, Member of the Royal College of Surgeons, of London, and of the Royal Society of Edinburgh. The only thing remarkable in this history is, that the author should think his practice new, or that the editors should, by a supplemental note, think it necessary to confirm it. In cases of severe pain in a belly, tense and tender to the touch, most practitioners would suspect inflammation, and bleed freely. The author observes, that constipation is a necessary effect of inflammation in the bowels, as vomiting is of gastritis. Admitting this to be the case, it does not follow, nor does either the author or editor hint that constipation always arises from such a cause. Where the symptoms of inflammation are present, as in the case before us, the practice is certainly judicious, and if thought new, it was at least well intended to enforce it.

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The second part of the work consists of Critical Analysis of Books. Under the Third Division "Medical Intelligence," we have first a long and authentic account of the Surgical Academy, (Pepiniere) at Berlin. By D. Görcke, Surgeon General of the Prussian Army, and Director of the Academy. An Account of the Institution for the Cure and Prevention of Contagious Fever in this Metropolis; by Thomas Bateman, M. D. F. L. S. Physician to the Institution and to the Public Dispensary in Carey Street. Account of the Diseases in the Carey Street Dispensary from September 1 to November 30 inclusive. Two articles follow, which might be termed Communications; the first on the Anti-Variolous Powers of Vaccination; the second, on Pulmonary Tubercles. The last contains many useful hints on diseases which hitherto have not been discriminated with an accuracy at all proportionate to their frequent fatality.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

MORE 'Cases of small-pox subsequent to vaccination, by William Goldson,' have just been offered to the world. How is it that this gentleman still continues to keep groping in the dark, when he has himself been the cause of so much light breaking out in every quarter? even in that where he continues to bewilder himself in 'his attempt at reform in the practice of vaccination?' How is it that he yet remains so insensible to the immense importance of his subject, as to think of taking up his own and his reader's time in adjusting how far those who have written on the subject have been gentlemanly, &c.? He says, moreover, the simple egoist, "Those who know me can best appreciate the purity of my intentions."* While, however, he has laid hold of certain errors committed in and about town, and published them in support of his own, he has done himself the justice to abstain from the attempt to strengthen his cause from the publication mentioned in his last sheet. I have myself vainly attempted to

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* A remark which he probably, happily, makes with all the consciousness of rectitude; but which he ought to have remembered is the common place language of the Charlatans, even of the notorious one whom he mentions in his last sheet, and who made unsuccesful efforts in 1798, to introduce into Paris, where I happened to be at the time, his *remedes pour l'indegestion et toutes sortes desmaux de l'estomac.*

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to get it brought into discussion in several medical societies; but medical men every where seem to consider the pamphlet to originate in "Evil," and think it unworthy of notice.

W. G. says, in his Preface, 'from the result of experiments it was' (for—it was—read—I) 'concluded that inoculated cow-pox is only a temporary prevention.' And 'A few months only had elapsed before this conclusion was most decidedly confirmed in the practice of some the most eminent in the profession.'

I believe there is not any man of *character* in the profession, who would subscribe to W. G's opinion of vacciolation being only a temporary security; if there be such an one to be found, will he favour us with the address of his hardy compeer? 'Hence a spirit of inquiry has been excited.' The late Numbers in your Journal very satisfactorily exhibit many of the results of the experimental inquiries. They confirm the permanency of the protection of vacciola.

The author makes a great affair of inoculating on the hand instead of the arm, which, however, is a very common mode, especially among foreigners. All the matter used in the expedition, after its leaving Malta, was had from such inoculations. A military Surgeon (Mansen) had inoculated children in that way, on board the Diadem, on our going up, and on our arrival at Marmorice, and supplied me with these subjects. It sometimes happens that female relations, on my inoculating infants, mention to me that they themselves have never had the Small-pox; and, if I cannot prevail on them to let me vacciolate them in the usual way, I succeed in getting them to let me show them on the hand how trifling the puncture is. This produces more inflammation and pain than in the usual way; but they forgive me the 'pious fraud' I have exercised, on being assured that they are protected. Any difference in the appearance of the pocks produced in different parts of the body, does not appear to me to be worthy of any particular notice.

The Author, in his latter production, which he prefaces with *Omnia patefacienda, &c.* has been less careful in substantiating his statements than in the former; but in it the *invidia patefacta* is most strikingly prominent. The long pamphlet in question, of 150 pages, as far as I have read of it, reminds me of the Fable, *Parturiunt montes nascitur mus.*

Salisbury Square, 19, j. 1805. JOHN WALKER.

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A Meteorological Table, by Dr. HIGGINS, *of Brompton. From Dec. 20, 1804, to *Jan. 22, 1805.*

Days of the Month.	Thermometer Fahrenheit 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Centegrade Noon.	Height of the Barometer. Inches. 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Deg. of Evaporation by the Hygrometer.	WEATHER.
Dec. 21	30°	32°	33°	00.00	30.58	30.56	30.52	16°	Fair.
22	32	34	28	1.11	.24	.08	29.93	14	Cloudy, snow in the evening.
23	32	36	30	2.22	29.95	29.96	30.13	13	Fair.
24	22	24	30	bel. 0 4.44	30.16	30.16	.10	14	Fair.
25	33	37	34	2.77	.03	29.97	29.80	12	Rain.
26	34	34	33	1.11	29.80	.80	.02	10	Rain and sleet.
27	33	35	32	1.66	.88	.90	30.01	16	Small rain.
28	32	34	30	1.11	30.06	30.06	.06	20	Cloudy.
29	31	32	30	0 00	.27	.34	.62	19	Cloudy.
30	28	31	29	bel. 0 0.55	.73	.73	.71	15	Cloudy.
31	31	33	29	0.55	.65	.56	.42	18	Fair.
Jan. 1	30	32	33	00.00	.36	.30	.20	15	Cloudy, rain in the evening.
2	36	38	36	3.33	.19	.19	.30	8	Rain.
3	36	40	37	4.44	.50	.51	.52	12	Cloudy.
4	37	39	30	3.88	.52	.50	.50	14	Cloudy.
5	38	43	40	6.11	.46	.38	.28	10	Cloudy.
6	41	43	40	6.11	.31	.35	.34	14	Cloudy.
7	44	45	41	7.22	.19	.20	.34	11	Rain in the morning.
8	31	39	30	3.88	.95	.95	.94	22	Fair.
9	32	33	29	0.55	.94	.88	.81	10	Cloudy.
10	26	29	31	bel. 0 1.66	.72	.65	.51	6	Foggy.
11	30	32	27	0.00	.46	.33	.19	8	Cloudy.
12	28	30	35	bel. 0 1.11	.04	29.74	29 51	7	Cloudy, rain in the night.
13	38	43	40	6 11	29.31	.15	28.64	14	Cloudy, rain in the evening.
14	35	40	32	4 44	.03	.16	29.36	10	Cloudy.
15	38	39	36	3.88	.44	.53	.89	13	Showery.
16	37	44	45	6.66	30.00	.98	.97	8	Showery.
17	42	46	36	7.77	.00	.80	.77	18	Cloudy, rain in the evening.
18	32	40	28	4.44	.00	30.06	30 22	14	Cloudy.
19	32	38	35	3.33	.21	29.96	29.44	10	Cloudy, rain in the evening.
20	37	44	38	6.66	29.14	.02	.04	6	Rain.
21	31	38	33	3.33	.34	.36	.35	9	Cloudy, rain in the evening.

* The Editors beg to acquaint Dr. Higgins, that his Meteorological Table for December has not been received; otherwise, it would most certainly have been inserted.

Account

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Account of Diseases in an Eastern District of London, from December 20, 1804, to January 20, 1805.

ACUTE DISEASES.		Hypochondriasis	3
Pneumonia	3	Menorrhagia	5
Peripneumonia Notha	7	Chlorosis	5
Rheumatismus Acutus	4	Amenorrhœa	6
CHRONIC DISEASES.		Rheumatismus Chronicus	19
Tussis	19	PUERPERAL DISEASES.	
Tussis cum Dyspnœa	33	Ephemera	6
Dyspnœa	15	Enteritis	2
Pleurodyne	4	Menorrhagia Lochialis	7
Hæmoptysis	3	INFANTILE DISEASES.	
Phthisis Pulmonalis	4	Convulsio	3
Vermes	2	Pertussis	1
Hydrothorax	3	Aphthæ	4
Ascites	1	Diarrhœa	6
Dyspepsia	6		

Upon a review of the state of diseases during the past year, we may congratulate the public on having enjoyed a considerable share of health. Since the epidemic of 1803, which extended not only to different parts of this kingdom, but also to neighbouring states, there has been but a comparatively small number of diseases in the metropolis, and their symptoms have been generally mild. Of acute diseases there have been very few. Of typhus, the instances have been comparatively rare. Cholera and dysentery appeared in the autumn; but, in general, in such a form as to occasion very little anxiety to the practitioner; and, as might be expected, the termination was usually favourable.

During the severe cold, which prevailed a few weeks ago, the different complaints of the chest suffered considerable aggravation. Coughs and peripneumonies frequently occurred; their symptoms were severe; and to persons in advanced life the disease generally proved fatal.

Medical and Physical Intelligence.

Dr. WALKER has enclosed in a letter to the Editors the following important communication:

" Dear Sir, *Bath, Jan. 6, 1805.*

" I shall be obliged by your communicating to the Medical Council of the Royal Jennerian Society the enclosed Resolutions of a meeting held here on Jan. 1, for the purpose of forming a Royal Somerset Jennerian Society. Our plan will include provision for corresponding with your Society, and making our returns to you.

Your very obedient servant,

THOMAS CREASER.

To Dr. Walker, Salisbury Square, London.

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ROYAL SOMERSET JENNERIAN SOCIETY.

Bath, Jan. 4, 1805.

AT a numerous and highly respectable meeting, held on the 1st of January inst. at the Bath Agricultural Society's Room, to consider of the formation of A SOMERSET JENNERIAN SOCIETY for the extermination of the Small-pox, in pursuance of a requisition previously issued — Present, The Earl of Selkirk, Sir John Cox Hippisley, Bart. M. P. William Gore Langton, Esq. M. P. John Palmer, Esq. M. P. B. Hobhouse, Esq. M. P. Sir G. Colebrooke, Bart. Sir John Keane, Bart. Sir W. Watson, D. O. Parry Okeden, Esq. J. Ensor, Esq. John Wiltshire, Esq. Rev. Dr. Randolph, Dr. Haygarth, Dr. Crauford, Dr. Archer, Dr. Murray, Dr. Boisragon, Dr. Broderip, Dr. Moodie, J. Billingsley, Esq. Rev. —— Richards, Rev. R. Warner, Mr. Creaser, Mr. Tudor, &c. &c. BENJAMIN HOBHOUSE, Esq. M. P. in the Chair.

On the motion of John Wiltshire, Esq. it was resolved unanimously,

That the thanks of this meeting be transmitted through the Chairman to Dr. JENNER, expressive of the high sense which they entertain of his merit, and of the importance of his discovery.

That by the great diminution of deaths from Small-pox within the Bills of Mortality in London, (viz. from an average annually exceeding 2000 for the last fifty years of the past century, to the number of 536 within the year ending Dec. 1804, being the period of the greater part of the existence of the Royal Jennerian Society) it appears to this Meeting, that by the universal adoption of similar measures, there is a certain prospect of the speedy extermination of Small-pox.

That this Meeting do form itself into a Society, to be called *The Royal Somerset Jennerian Society*, for the extermination of the Small-pox.

That a subscription be opened to prosecute with vigour these salutary intentions; and that five guineas at one payment, or one guinea annually, shall constitute a governor.

That this Meeting do, through the Chairman, request His Royal Highness the Duke of York to honour the Society with his name and support as Patron.

That this Meeting do nominate and appoint the Right Hon. Earl Poulett to be President, and his Grace the Duke of Bedford, the Right Hon. Lord Somerville, the Members for the County of Somerset, the Members for the City of Bath, Sir John Cox Hippisley, Bart. Sir G. Colebrooke, Bart. Sir W. Watson, B. Hobhouse, Esq. M. P. John Wiltshire, Esq. Col. Strode, Col. Leigh, the Mayor of Bath, and the Rev. Dr. Randolph, to be Vice-Presidents of this Society, and that the number of Vice-Presidents shall not be less than twenty-four.

That this Society do appoint C. Phillot, Esq. Treasurer.

That a Committee be now appointed, and that H. White, Esq. J. Horton, Esq. C. Crook, Esq. D. O. Parry Okeden, Esq. John Ensor,

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Ensor, Esq. Dr. Parry, Dr. Haygarth, Dr. Archer, Dr. Gibbes, Dr. Crawford, Dr. Murray, Dr. Boisragón, Dr. Broderip, the Rev. R. Warner, Mr. Creaser, Mr. Tudor, be Members of the said Committee, which shall not be less than twenty-four in number; that all Vice-Presidents shall be Members of the said Committee, and the said Committee be appointed for the purpose of considering and carrying into effect the important objects of this Meeting; that three of the said Committee shall form a Quorum, and shall be enabled to draw on the Treasurer for such sums as may be necessary, and shall report all its proceedings to another General Meeting.

That subscriptions be received at Messrs. Hobhouse and Co's Bank.

That the Physicians and Surgeons of the Casualty Hospital and Bath City Dispensary be invited to co-operate with the views of this Society.

On the motion of Sir John Cox Hippisley, it was resolved unanimously,

That a Copy of these Resolutions be sent to the Chairman of the next General Quarterly Sessions, and also to the Grand Jury, at the ensuing Lent Assizes for this County, for their approbation and support.

On the motion of the Rev. Dr. Randolph, it was resolved unanimously,

That the Bishop of this Diocese be respectfully informed of the Resolutions of this Meeting, and requested to recommend the objects of it to the different parishes in his Diocese.

On the motion of John Wiltshire, Esq. seconded by J. Palmer, Esq. it was resolved unanimously,

That the thanks of this Meeting be given to B. Hobhouse, Esq. for his able, eloquent and impressive Address from the Chair; and to Mr. Creaser, for his unremitted and important services towards the formation of this Society.

Signed B. HOBHOUSE, Chairman.

VACCINE INOCULATION.

Statement of the Number of Persons inoculated at the Stations of the Royal Jennerian Society, in eighteen Months, from the Quarterly Reports.

Central House	2911	Bishopsgate	1070
Surry Chapel	2110	Hoxton	816
Maze Pond, Southwark	387	Golden Lane	579
Rotherhithe	510	Clerkenwell	245
Shadwell	512	Gate Street, Holborn	216
Mile End	516	Mary-le-Bone	1523
John Street, Minories	400	Westminster	218
Inoculated before the Central House was opened			275
		Total	12288

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N.B. In the same period, 19,352 charges of vaccine virus have been supplied from the Central House, in Salisbury Square, free of expence, to applications from most parts of the British empire, and foreign countries.

It will doubtless be highly gratifying to the public, to observe the remarkable decrease of deaths by the small-pox, as appears by the following comparative view, extracted from the Bills of Mortality:

January, 1803	181	1804	120
February	121		77
March	95		44
April	61		38
May	69		88
June	48		29
July	50		35
August	67		27
September	85		33
October	64		50
November	152		45
December	180		50
Total	1173	Total	586

This decrease will appear still more important when compared with the annexed statement of deaths by small-pox, for fifty years, within the Bills of Mortality, averaged by ten years.

From 1750 to	1759	19,642
1760	1769	24,435
1770	1779	22,039
1780	1789	17,121
1790	1799	17,685
	Total	100,922

Making an annual average of 2018 deaths per small-pox in fifty years.

The following is an annual statement of deaths in the present century:

1800	2409
1801	1461
1802	1579
1803	1173
1804	586

It is hoped the knowledge of these facts will be strongly promotive of the beneficial practice of vaccine inoculation, it appearing that the fatal disease of small-pox has progressively declined as the inestimable discovery of Dr. Jenner has been introduced.

A Cor-

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A Correspondent, signed W. S. Hanslope, December 4, 1804, in a letter to the Editors, writes thus:

"As you occasionally admit into your Journal criticisms on medical words, no apology seems necessary for addressing to you the following communication.

"In the language of medical men themselves, MANMIDWIFE is the term applied to those who practise the obstetric art; but which is so indelicate, uncouth, and barbarous, as to be highly exceptionable. In the present advanced state of science and refinement of language, surely some other term, more appropriate and decorous, might be contrived to answer the same purpose. I will venture to propose one purely English. The OPUS OBSTETRICIS is termed a delivery; to substitute DELIVERER for MANMIDWIFE might not therefore be improper. This may not indeed be considered by the faculty as sufficiently technical; I have no doubt, however, but some of your intelligent Correspondents will be able to supply the *desideratum;* and then we may hope to see the present hermaphrodite expression consigned to merited oblivion.

The following extract from the circular letter addressed to the physicians of Public Institutions in London, will shew the zeal and activity of the Society for bettering the condition of the poor.

"Another desirable object of the Committee will be to form, in conjunction with the parishes in the Bills of Mortality, such a parochial plan for preventing the introduction of infectious fever within their respective limits, as may hereafter be adequate to the object of preventing the renewal and prevalence of febrile infection in the Metropolis, without any further call for Parliamentary aid.

"With these views, the Committee solicits assistance and information, for the attainment of an object, which is important, not only to all classes of persons in the Metropolis, but to the country at large.—The enclosed queries will shew the nature of the information to which we request your early attention; hoping that, by a speedy answer, you will favour the Committee with assistance, in forming its plan of operation.

We have the honour to be,

Your faithful and obedient Servants,

S. DUNELM. W. WILBERFORCE.
SOMERSET. N. VANSITTART.
GEORGE ROSE. T. BERNARD.
R. PEELE.

"QUERIES from the Select Committee for preventing the spreading of contagious malignant Fevers in the Metropolis.

"1. What are the streets, courts, alleys, and other places in your neighbourhood where infectious fever prevails?

"2. How

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" 2. How long has the infection continued in any such place respectively ?

" 3. What means have been adopted by the parish, or neighbourhood, for curing such fever, or for preventing the spreading of the infection ?

" 4. How far can the Select Committee be useful in assistance towards such an object ?

" 5. How far do you think your parish, or any hospital in your neighbourhood, will be disposed to further the objects of the Select Committee ?

" 6. Have you any other observations or suggestions to offer to the Select Committee ?"

" *Please to address your answers to the* SELECT COMMITTEE *for* PREVENTING CONTAGIOUS FEVERS, *No.* 190, *Piccadilly.*

A Pamphlet has been sent to us, attempting to demonstrate that the grease in horses is the same as scrophula in the human subject. It has been already suggested, that it would be *infra dignitatem* to pay any attention to such a production, and therefore we decline troubling our readers with any further notice of it.

Mr. CHARLES BELL has submitted a proposal to the Managers of the Royal Infirmary of Edinburgh, for the establishment of a Museum under the patronage of the Hospital; with considerations on the means of improving the knowledge of morbid Anatomy. In this address Mr. B. endeavours to impress the Managers with the utility of such an establishment, and the ease with which it may be formed. On both these points, we suppose, there will be little difference of opinion; but we doubt much whether this pamphlet will in any degree contribute towards the end proposed. The " war of passion and prejudice," which delayed this proposal, will doubtless be rekindled by the terms which it implies.

Lecture Room, No. 18, *Wilmott Street, Russell Square.*

Mr. MILBURNE's Lectures on Physiology, or Doctrine of the Animal Economy, will commence on Wednesday evening, the 20th inst. and be continued every succeeding Wednesday and Saturday evening, at eight o'clock precisely; the course will be illustrated by anatomical preparations, drawings, prints, &c. &c.

Further particulars may be known by applying to Mr. M. at the Lecture Room.

Mr. MOOR, Surgeon Dentist to Her Royal Highness the Duchess of York, will commence his Spring Lectures on the Structure and Diseases of the Teeth, on February the 14th, at his house, No. 6, Palsgrave Place, Temple.

SIR

Sir John Sinclair, whose unwearied industry on every subject to which he turns his attention must command the gratitude and admiration of the public, is at present engaged in the composition of a work, founded on experience and a system of extensive enquiry, to be entitled, "The Code of Health and Longevity." The patriotic author proposes to divide his work into the three following parts: 1. The circumstances which necessarily tend to promote health and longevity, independent of individual attention. 2. The rules which, if observed by an individual, have a tendency to preserve health and existence, even where these independent circumstances are wanting. And, 3. The regulations by which the general health and safety of a great community are protected from the various injuries to which they are likely to be exposed.

Messrs. A and C. R. Aikin have, for a considerable time, been preparing for publication a Dictionary of Chemistry and Mineralogy, with their application to Arts and Manufactures. This work has been some time in the press; it will be be comprised in two quarto volumes, and be published with expedition.

Dr. Clutterbuck is about to publish an Inquiry into the Seat and Nature of Fever, as deducible from the Phenomena of the Disease, and the Principles of the animal Economy; in which he hopes to determine more satisfactorily than has been hitherto done, some disputed points of this long contested subject.

Dr. Stock, of Bristol, has in the press a work, entitled, Medical Collections on the Effects of Cold as a Remedy in certain Diseases.

Dr. Thornton will publish, in a short time, an Answer to the various Objections raised against Vaccination, with Proofs of the Efficacy of the Cow-pock, intended principally for the use of Families.

The Editors think it a duty which they owe themselves and the Medical World to state, that a number of Actions have been commenced against their Printer and different Booksellers, by an Attorney of the name of Smith, of Robert Street, Adelphi, at the Suit of "William Brodum, Esquire," for the publication of the paper which appeared in the last Number of this Work, on the subject of Quacks and Empiricism. The Trials of these Actions are expected to come on, in the Court of Common Pleas, about the middle of February.

To CORRESPONDENTS.

Dr. Hall's paper on Catarrh, Mr. Hume's paper on modern Pharmacopœias, and a Review of Dr. Jackson's "Remarks on the Constitution of the Medical Department of the British Army, with a Detail of Hospital Management," will appear in our next Number.

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THE

Medical and Physical Journal.

VOL. XIII.] MARCH 1, 1805. [NO. LXXIII.

Printed for R. PHILLIPS, *by* W. Thorne, *Red Lion Court, Fleet Street, London.*

Extracts from a Letter of Mr. KINNING, *Assistant Surgeon Royal Artillery, to* Dr. ROLLO, *dated Gibraltar, December* 8, 1804, *with a Continuation to the* 15*th of the same Month.*

" SIR,

" ENCLOSED are eight cases of the malignant fever of Gibraltar; one of them was taken by Mr. Bell, who assisted me for some time in this arduous duty. These patients I have seen even six times a day, to enable me to give you full information of the disorder and treatment, which has been varied. I conceived it necessary to make but two daily reports, judging them sufficient to explain to you the uncertainty of the termination and the insidiousness of the disease.

" From the 12th ult. I took the entire charge of our sick, which were then reduced to twenty-three fevers, as you will perceive by the weekly reports. Since then the number of deaths have been fewer in proportion (even reckoning those only with the strongest marked symptoms of the disease) which I attribute to my having sufficient time to attend to so small a number.

" On Sept. 30, I had charge of 196 patients in the hospital, about thirty of them with sore eyes, &c. not confined to bed, (the others were) all in an excellent hospital in the south part of the Rock, that I recommended for them. At this period, Mr. B. was attending a few cases in town, that could not be removed, and also the women, &c. The garrison could not afford me more assistance, consequently we lost many, as I was inadequate to pay the necessary attention to so many sick. The disease is now exactly similar to what it was when first observed, probably cold weather will make the symptoms milder. The season as yet has been very moderate, indeed more so than usual, only three days rain. And also I conceive that many, who

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have not yet had the disorder would entirely resist its influence. These reasons promise a speedy termination of it, if government will continue to prevent strangers landing for some time longer.

" Until November 19, from the commencement of this dreadful malady, scarcely an instance occurred that was not of the contagious fever; but as soon as our men returned from camp, and occupied the casements in the Orange bastion, ophthalmia again appeared with its usual virulence.

On October 1, I had tents pitched for the reception of sick women and children, near the hospital, from which they were supported, also four hospital tents for convalescents, to ease the hospital, as it was exceedingly crowded.

" The Medical Staff have recommended precautions respecting the disease, so that in pursuance of this day's general orders, all the men who have not had the present epidemic fever, will be encamped to morrow, and to be kept in strict quarantine; one hundred and twenty of the Artillery will be encamped at Willis, and thirty Artificers will remain encamped at Buena Vista. At the commencement of the disorder, I recommended our hospital being put in quarantine, and not to allow a sick person to remain any where else; also to have permanent wardmasters and orderlies, and a fatigue-party for carrying the sick and burying the dead, as we then had no carts.

" Estimate of the total strength of the garrison on the 1st of Sept. last, including the military, 12000; of these, 3000 inhabitants quitted the place shortly after the disease appeared (several of them died on board ship, having carried the contagion with them.) Since the 1st of September 5000 died, which will make the average of deaths to be more than one in two, without reckoning the number of the military that have not yet taken the disorder; these I calculate about 800. The 10th regiment have lost only two or three men of those who have been in the East Indies, and very few indeed of their recruits recover, which evidently shews that the climate has done more for them than medical aid.

" Those who have had the malignant fever of the West Indies, are also secure from this, as there are but very few, if any exceptions.

" December 15. We continue healthy, only one man confined to bed with a pectoral complaint. I had but two men admitted in the hospital with fever since the 6th, so that the men being now encamped seems to effect nothing,

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as we had but one admitted four days before, and the other three days after they were ordered into quarantine.

"I am, &c.

"T. KINNING,

"Assistant Surgeon, R. Reg. Artillery."

Eight Cases of the Fever which has proved so fatal at Gibraltar.

Nov. 3, 1804, ten o'clock, A. M. Gunner David Dixey, aged about twenty-four years, dark complexion, gross habit of body, had been discharged the hospital about a fortnight, where he was eight days with sore eyes, of which he recovered, and did duty as usual; was suddenly seized this morning at Willis's camp, with chilliness, violent pains in his back and limbs, also in his left side, this last of short continuance; throat rather sore, tongue furred and whitish, head and stomach easy; had an evacuation by stool yesterday; frequent desire of making water, which was thick, high coloured, and in small quantity; pulse full and of 100 beats. Ordered an emetic of ipecac. gr. xv. antimon. tartar. gr. j. to be wrought off with two quarts of warm water.

Three o'clock, P. M. Emetic operated well, nothing particular in the matter ejected; had two copious fœtid black stools; heat rather increased, tongue the same, pains in his loins worse, stomach easy, pains in his limbs something abated, face flushed; pulse 104, rather weak. Ordered oatmeal gruel with a little wine in it.

Six o'clock. Since last report, he had one black stool, urine free, has a slight pain in his forehead, thirst, eyes rather red, tongue more furred, mouth dry; took a little tea and toast; pulse 108, moderately full. Ordered one grain of James's powder to be taken directly; and should it have no sensible effect, another in six hours.

4th. eight o'clock, A. M. The first dose of James's powder operated rather violently, both as an emetic and purgative; is now easy, but thirsty; face rather swelled; took tea and toast; is very apprehensive for his recovery; wished to drink toast and water, which I allowed him; pulse 104, moderately full, but very soft. Ordered two gills of wine to be taken in gruel or panada through the day.

Six o'clock, P. M. Took one gill of wine, also tea and toast, which he soon after vomited; head is well, his back and limbs are painful, tongue very much furred; pulse 100, rather weak; complains of chilliness, yet heat moderate.

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rate. Ordered an additional gill of wine before morning; and to take a large spoonful of the following every hour: R. Decoct. cort. Peruv. ℥viij. tinct. ditto, ℥j. spt. æther. vit. c. ʒj. tinct. opii, gr. xl. M.

5th. eight o'clock, A. M. Slept very well; had two fœtid black stools in the night, vomited a little this morning; since then he eat some tea and toast, which as yet sit easy; some little pains in his limbs and throat; pulse 100, moderately full but feeble; half the tongue toward the tip is clear and shining. Ordered the medicines to be continued, to have four gills of wine, sago, and tapioca.

Three o'clock, P. M. Thinks himself well, is free of pain, vomited a good deal, ate about an ounce of meat, (which was given him without leave) took his medicines regularly, face rather pale, tongue not so shining, hawks some bloody slimy matter, eyes clearer; pulse 106, rather feeble; has had two gills of wine. Ordered four more, and to continue his medicine.

Seven o'clock, P. M. Vomited once, continues easy, tongue not so shining; pulse 102, rather feeble. Ordered to continue wine and medicines.

6th. eight o'clock, A. M. Passed a bad night, is delirious, one stool, vomited twice, is now rather comatose, tongue dry, is very weak, no appetite; pulse 90, very feeble. Ordered a bottle of sherry wine, and to continue his medicines, with æther. vitriol. ʒj. to ℥iv. of the bark, M.

Three o'clock, P. M. No alteration.

Seven o'clock, P. M. Vomited since about a quart of matter resembling coffee grounds; perfectly free from pain; delirious; pulse 102, very feeble. Ordered to continue his wine and medicine, and a table spoonful of water, strongly acidulated with elixir of vitriol, every half hour.

Nov. 7, eight o'clock, P. M. Slept but little, was delirious, feels quite easy, vomited black fluid very often, had hiccup for an hour nearly, took his medicines regularly, two bottles of white wine; pulse scarcely to be perceived. Ordered to continue his medicines, &c. and to apply synapisms to his feet.

Two o'clock, P. M. Is just expired; about an hour ago, he bled profusely from his mouth and nose.

By Mr. Bell, of the Garrison Staff.

Nov. 30, 1804, seven o'clock, P. M. Private Thoroughgood, of the Artificers Company, aged twenty-eight years, low stature, thin habit, dark complexion, grey eyes, usually healthy; had been employed as cook in the hospital for six

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six weeks; was dismissed on the 26th instant, in perfect health; was suddenly attacked to day, when at work, with an acute pain in his forehead, loins, and limbs; drank less than a pint of common wine during the morning; is restless; has thirst and nausea, eyes red, tongue clean, bowels regular, skin dry and hot; pulse 144. Ordered, pulv. ipecac. ℈j. to be taken directly, and worked off with a quart of warm water. Drink, toast and water.

Dec. 1, Morning Report. Emetic operated well; the fluid ejected very bitter and dark coloured, from the wine he had previously drank; his stomach and back are easy; his limbs were bathed in warm water, skin continues hot, head-ache and eyes the same; countenance livid and depressed; had two copious natural stools; pulse 144, softer. Ordered to take ol. Ricini ʒiij. and to apply a blistering plaster on the back of his neck. Diet, broth, gruel and tea; drink, tea and toast and water

Evening Report. The Castor oil operated seven times, is perfectly free of pain, had his limbs bathed twice, general perspiration, is inclined to sleep; pulse 130, softer. Ordered to continue drink.

Dec. 2. Had five hours sleep, six purging stools, some pain in his legs, countenance sunk, tongue shining and dry, no perspiration at present; was seized with general spasms about three o'clock this morning, and which continue to come every ten minutes; is delirious at times, and kept in bed with difficulty; pulse 100, weak and intermitting. Ordered to bathe his limbs as before, to take spt. æther. vit. c. ʒß. mist. camphor. ʒß. every two hours; to have a clyster every four hours of extr. cinchonæ ʒiij. g. ass. fœtid. ℈j. dissolved in four ounces of beef-tea, with tinct. opii. gt. 30; to apply blistering plasters to his legs, to be removed to a fresh part every four hours, or when the skin begins to inflame.

Evening Report. The spasms have not returned since he took the first dose of his medicine; he cannot bear wine or porter; retained each injection an hour; was perfectly sensible five hours; pulse was regular during the day, and is now 120, small and feeble; difficult articulation continues since mid-day; is now delirious; difficult inspiration from an acute pain at his sternum; ate a little milk, soup and tea; passed involuntary stools. Ordered to continue æther and camphor. m. and to apply a blister plaster to his breast, and synapisms to his feet. Drink, milk and rice.

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Dec. 8. Expired betwixt ten and eleven o'clock last night, in a low muttering delirium, and passing involuntary stools and urine.

The body is now completely putrid.

Nov. 5, 1804. Gunner Farmer, of the Royal Artillery, aged twenty-five years, of a dark complexion, spare habit of body, usually healthy and sober; complains of pain in his head, back and limbs, and sickness at stomach; bowels costive, eyes red and protuberant, tongue white, skin dry; says his complaint began yesterday; pulse 96, and strong. R. Pulv. r. ipecac. ℈j. to be taken directly, and worked off with warm water.

Evening Report. Emetic operated well; the fluid ejected of a greenish colour; head-ache and other pains continue; no stool; pulse 102, feeble. R. Ol. ricin. ℥ß. to be taken in a little peppermint water.

Nov. 6th. Morning Report. Had three evacuations, nearly natural, by stool; slept tolerably well, and perspired toward morning; head-ache and pain in his loins continue; pulse 90, and softer. To apply a blistering plaster to the nape of his neck, and to take of the pulv. Jacobi gr. ij. every two hours. Diet, gruel, broth, beef-tea, and tapioca. Drink, barley-water, toast and water, &c. in small quantities.

Evening Report. Took three doses of his medicine, which purged and vomited him; the blistering plaster was not applied, through mistake of the ward-master; perspires, though very restless; complains of coldness in his feet. Ordered to apply the blistering plaster, as directed in the morning; also pediluv. Drink, a pint of porter, a gill of wine in gruel, at stated intervals; pulse 108, soft.

Nov. 7th, Morning Report. Had a disturbed night; passed six thin natural stools; took only a wine glassful of porter and a little gruel; sickness at stomach and coldness in his feet; eyes red, tongue white, with a red seam round its edge; pulse 90, soft. Ordered opium gr. j. every two hours if the nausea continues; pediluv. Continue diet. Drink, two gills of wine before the evening.

Evening Report. Had four hours sleep; countenance depressed, as in the morning; thirsty; urine free, and deposited a cloud; took his wine; skin moist; pulse 102, soft; had occasion to take only one pill; no stool since morning. Drink, a pint of porter to-night.

Nov. 8th, Morning Report. Had a good night; countenance more lively; perspires; complains of a heaviness

at

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at stomach; perfectly free of pain; had a free natural stool this morning; tongue white; pulse 72, soft. Continue diet. Drink, two gills of wine.

Evening Report. Was restless to-day; had no sleep; urine high coloured; took half his wine; no appetite; heaviness at stomach continues, but no reaching; pulse 84, soft. Ordered, the remainder of his wine; also a common clyster.

Nov. 9th, Morning Report. Slept tolerably well; is free of pain; stomach easy; had one evacuation after the injection; pulse 84, undulating; skin moist; tongue white; no appetite. Ordered, diet, a high-seasoned beef-steak. Drink, two gills of wine.

Evening Report. Had a good day; sat up in bed while he took a little of his diet; stomach easy; pulse 96, soft; no stool; tongue nearly natural. Ordered the remainder of his wine; also a common injection.

Nov. 10th, Morning Report. Had a good night; three evacuations after the injection; pulse 84, soft; tongue clean. Diet, seasoned solid food. Drink, two gills of wine.

Evening Report. Is convalescent.

11th Report. Continues free of fever.

13th Report. Strength returning rapidly.

15th Report. Discharged cured.

November 29, 1804. Gunner Thomas Kinland, of the Royal Artillery, aged thirty years, usually sober, of middle size, brown complexion and light eyes, lately discharged from the hospital, recovered from an abscess, for which he had taken a good deal of bark; complains of nausea, pain in the head, back and limbs, debility, restlessness; bowels regular, skin hot, tongue white, pulse 90, hard. Ordered, pulv. rad. ipecac. ℈i. to be taken directly. Diet, tea, gruel, sago, broth, &c. Drink, toast and barley water.

30th. Emetic operated well, one stool; a blistering plaster on the back of his neck has relieved his head-ache, also his pains in general are abated; pulse and skin as yesterday. Ordered, of ol. Ricini ℥ß. to be taken immediately. Diet to be continued with a small quantity of wine in his gruel; continue drink.

December 1. Seems considerably better, pulse and skin natural; perspired in the night; tongue cleaner; feels a return of appetite; had three copious good evacuatiuns. Ordered, diet to be continued; drink, a gill of wine.

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December 2. Passed a good day and night; ate moderately; he got up this morning being tired of bed, and in fifteen minutes after vomited a pint of brown fluid: his face is now pale; feels great debility; pulse 76, soft; bowels regular, appetite gone, tongue clean and moist, perfectly free of pain; a nausea continues. Ordered, spt. æther. vit. ʒß. and afterwards a pill of Cayenne pepper of gr. 4, every two hours; to have a clyster of extr. cinchonæ ʒiij. tinct. opii ℈i. in a little beef tea every three hours. Should not he find relief in six hours, to apply a blistering plaster to his stomach, to discontinue the Cayenne pills, and to take æther and opium, gr. j.

Evening Report. He retained each of the clysters nearly two hours. The Cayenne pills induced more vomiting of a darker cast; took two opium pills at an interval of two hours, and applied a blistering plaster, which seem to have checked the vomiting; pulse 104, feeble; countenance more lively; extremities rather cold; had hiccup the greater part of the day, which has also abated since he took the opium. Ordered to continue the opium and æther if more vomiting ensues, if he can bear light nutriment with it. To take an ounce of water strongly acidulated with elix. of vitriol every hour; to have three injections of the extr. cinchon. as before; to apply frictions with a warm flannel to his hands and feet, and warm bricks to the latter. Diet, milk and rice; drink, mulled wine, a spoonful very often, (every ten minutes.)

December 3, Morning Report. He had four hours sleep in the night; hiccup and vomiting are just returned; great debility, extremities moderately warm; one fœtid stool; thirst; he cannot bear wine, porter, or spirits in any way; pulse 96, soft; skin and tongue natural; in countenance depressed; perfectly collected. Ordered, a clyster every two hours of rich beef tea ʒiv.; continue the elix. vitr. every half hour; op. gr. jß. if the symptoms do not abate in two hours; continue diet; drink only to wet his mouth.

Evening Report. Had three doses of opium since; took the elix.; the hiccup, &c. returned at intervals; he could retain the clysters but a very short time; skin cool, pulse 84, stronger; countenance depressed; thirst, extremities cold and livid. Ordered, to apply warm bricks to his feet; to take opium, a grain every two hours, and spt. æther. vitr. (a tea spoonful in a little camphor mixt. every hour.) Diet as before; drink, elix. vitr. diluted.

December 4, Morning Report. Vomited frequently; continues hiccup when awake; slept at intervals; directions respecting

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respecting medicine were strictly attended to; tongue, skin, and belly regular; countenance the same; boiled milk sits easier than any other kind of food; drank nearly two gills of wine. Ordered, æther every half hour; continue opium; clysters every three hours of extr. cinchona ʒij. tinct. opii gr. x. in beef tea.

Evening Report. No vomiting since ten o'clock this morning; he would not take any pills; had his æther and drink, the former every hour since two o'clock; had four injections, the two last remained with him; since four o'clock got much worse, a low muttering delirium generally; at whiles laughs, and at other times calls out in the most excruciating agony; tongue clean; breath exceedingly offensive; body naturally warm; extremities cold; articulation distinct; hiccup almost incessant till within the last hour; blisters were applied to his legs, and cataplasms to his feet; countenance sunk; pulse imperceptible. Ordered, to continue æther with the addition of spt. lavender c. and spt. ammmon c. mulled wine and the diluted elix. alternately for drink; clysters of milk.

December 5, Morning Report, six o'clock. He expired at ten o'clock last night; hiccup and vomiting did not return. The body is now quite putrid.

November 13. Gunner William Doyle of the Royal Artillery, fair complexion, low stature, aged about 28 years, employed as an officer's servant, had been lately in the hospital with ophthalmia, of which he was cured; his character a good sober man; he did not take the prevailing malignant fever while in the hospital, as those with ophthalmia were separated to a different part of the house, to prevent communication as far as possible; complained of head-ache, pain in his back and limbs, nausea; pulse 120, quick and firm, skin hot, belly costive. Ipecac. ʒj. to be taken directly.

14th. The emetic operated well; feels relieved, excepting the head-ache; skin moist, tongue white, pulse 80, soft; one small evacuation by stool. Ordered, a blistering plaster to the back of his neck, and a purging clyster; to drink toast and water, porter and water for common drink in small quantities; diet, panada, gruel, broth and tea.

15th. Passed the day tolerably easy, blister rose well; had a restless night; took two gills of porter, and a little of the diet prescribed; is now uneasy at the stomach, loaths his food and drink; had two evacuations by the injection;

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jection; pulse 84, soft, skin nearly natural. Ordered, a starch clyster with tinct. opii ʒi. also æther. vitr. c. ʒß. spt. lavend. c. ʒj. to be taken in a little water, when uneasy at his stomach; to bathe his feet in warm water. Diet, beef tea, tapioca; drink, thin mucilage of g. arabic, and toast and water in small quantity

16th. Passed the day tolerably easy; found relief from two doses of his medicine, taken at an interval of two hours: toward evening the nausea returned; in the night vomited twice, matter like coffee grounds; he took no wine or porter; had his medicine three times during the night; pulse 96, and soft; had two fœtid evacuations by stool; complains of great debility; disturbed sleep. Ordered, ol. Ricini ʒiij. afterwards the æther and spt. lavend. c. every two hours; diet, panada, rice, gruel and beef tea; drink, rice water and four gills of wine, a small quantity as above.

17th. Since last report he vomited four times fluid of a darker colour; had a free stool and more natural; inclined to sleep; countenance depressed, pulse 80, soft. He took but a small quantity of wine, and that mulled; urine high coloured, without sediment, and in small quantities; skin natural; free of pain. Ordered, opium, gr. j. every four hours until relieved of the nausea; to discontinue the æther mixture. Diet, bread and milk boiled; drink, four gills of wine, rum, or brandy with water.

18th. He took but three pills; after the first he vomited but once; feels greatly relieved; debility continues; had several hours composed sleep; he could not bear spirits in any way; took a little wine, also a little bread and milk; loathes any other food when offered him; pulse firmer, countenance more lively, bowels more natural, skin cool, tongue clean. Ordered, æther ʒß. in a little drink; diet, milk; drink, wine two gills.

19th. Continues easy; took two doses of æther, also a little of his diet, but cannot relish wine or porter. Pulse, tongue, skin, and bowels natural; continue milk diet, also ordered a beef steak well seasoned; drink toast and rice water.

20th. Continues better but weak; ate a little of the steak; took milk morning and evening.

21st. Continues better; sat up in his bed at his meals; still loathes wine, &c. To continue his diet, also ordered a bit of fowl.

22d. Is now able to sit up longer in bed; continue diet.

23d. Has

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23d. Has now gained some appetite, also strength; to continue his diet; drink, porter a bottle.

24th. Yesterday ate hearty of fowl, and drank his porter in the course of the day; is now convalescent; continue diet, &c.

25th. Continues better; is removed to a healthy ward; continue diet and porter.

26th. Is gaining strength; diet, hashed meat; drink, porter.

27th. Feels strong, and wishes to be discharged; diet and drink whatever he wishes.

29th. Discharged cured.

Nov. 5, 1804, six o'clock, P. M. Bomb. Morton, of the Royal Artillery, aged 28 years, fair complexion, full habit, and tall, of good character; had an attack of fever in September last, of which he soon recovered, and did duty for a month; complains of sickness at his stomach, headache, pains in his limbs, thirst; tongue white, bowels costive. He says his illness began last night; pulse 104, firm; ℞ Pulv. rad. ipecac. ℈i. to be taken directly, and after the operation to bathe his feet in warm water.

6th. Morning Report. Emetic operated well, and also purged him nine times; had a bad night, his head giddy, free of pain; urine clear and in proper quantity; breathing easy; skin dry; pulse 104, soft. Ordered, a blistering plaster to the back of his neck; diet, gruel, beef tea, rice water; drink, one gill of wine, toast and water.

Evening Report. Was restless, though free of pain; skin hot and dry; face flushed; eyes continue red and very protuberant; passed one stool streaked with blood; his articulation difficult; memory impaired; pulse 96, soft. Ordered, a pint of porter to-night; pediluv. and a small clyster of broth.

7th. Morning Report. Had a good night; one natural stool; took a little of his porter; eyes and articulation the same; urine turbid; countenance darker; skin cooler, but without perspiration; pulse 96, soft. Ordered, mulled wine two gills, a little of it to be given frequently; to apply frictions with warm flannels to his extremities; diet, tapioca, gruel, and gravy soup.

Evening Report. Countenance depressed and livid; sleeps almost constantly; breathing easy; passed no stool or urine since morning; took nearly a gill of wine and some of his diet; extremities cold; free of pain; pulse 108, small and soft. Ordered, a clyster of broth every two hours; blisters

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ters to his legs and mustard poultices to his feet; ℞. Spt. æther. vitr. c. gr. 30, M. camphor ʒß. to be taken every hour; drink porter

8th. Morning Report. Slept well in the night; countenance depressed; passed one involuntary stool; articulation and swallowing more difficult; the blisters did not rise; pulse 106, soft. Ordered, wine and porter as much as possible; to apply warm bricks to his feet; continue æther and camph. mixt.; to have a clyster every two hours of ext. cort. peruv. ʒiij. dissolved in a gill of beef tea.

Evening Report. Countenance perfectly livid; extremities cold; passed two involuntary stools, one previous to his injections; took his medicine, but scarcely any thing else; had four clysters administered; lays totally insensible; pulse imperceptible. Ordered, to continue his medicine, and any nutriment he can swallow.

9th. Morning Report, seven o'clock. He expired at eleven o'clock last night. The body is so putrid and offensive, it is not considered advisable to examine any internal part.

Nov. 15, 1804. Gunner Michael Boyle, of the Royal Artillery, a married man, usually sober, and of good character, of a weak habit of body, fair complexion, light blue eyes, low stature, generally enjoying good health, had been lately in the hospital for ophthalmia, afterwards for a slight fever; pulse 112, firm; skin dry. Complains of head-ache, nausea, pains all over the body and limbs, restlessness, eyes red and protuberant, thirst, white tongue, bowels costive. Ordered, ipecac. ʒj. to be worked off with warm water; afterwards to apply a blistering plaster to the nape of the neck. Diet, panada, tapioca, sago, broth, tea, &c.

16th. Emetic operated well, the blister rose well; had an injection in the evening without salt, had six stools in the night, at intervals slept easy; skin rather moist, head-ache rather abated, tongue furred, surrounded with a red seam, bowels uneasy, countenance lively. Ordered, a starch clyster. Diet, as before; drink, two gills of wine, toast and rice water; pulse 100, softer.

17th. Rested ill in the night; frequent watery stools; stomach easy, but no relish for food; pulse 96, weaker; skin, a sensation of heat remained after the touch; no perspiration, pains gone, urine free, no sediment. Ordered, tinct. opii & spt. vit. c. gr. x. after every stool. Continue diet and drink.

18th. Was

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18th. Was restless; passed seven watery stools; countenance depressed, and of a livid appearance; eat little; took his wine; pulse 90, soft; complains of great debility; disturbed sleep; skin cool, tongue white, rather shining. Ordered a starch clyster with tinct. opii 3j. Diet as before; drink, half a bottle of porter and two gills of wine.

19th. Feels relieved; had only one evacuation by stool, nearly natural; slept soundly in the night; perspired freely; urine free, and no sediment; pulse 80, soft; countenance depressed. Continue diet and drink, and brandy and water.

20th. Rested ill in the night; had one natural stool; countenance continues livid, eyes red, tongue clean, extremities cold; could not bear spirits in any way; took a little of his diet and drink; pulse 86, feeble. Ordered the camphor mixture, two spoons full every two hours. Diet as before; also a beef steak well seasoned. Drink one bottle of porter and two gills of wine.

21st. He took his medicine four times, feels confidence and is better, no stool, stomach, &c. easy; pulse 80, soft; eat a little, took his drink, but cannot relish more porter; extremities warm; had some hours comfortable sleep. Continue M. camph. Diet as before and potatoes. Drink, six gills of wine.

22d. Is considerably better, countenance lively, pulse natural; had one stool; skin cool; took a bit of steak; had his medicine three times, took his drink; discontinue medicines. Continue diet and drink.

23d. Is better, rested well; one stool; pulse and skin natural. Ordered diet, fowl and gravy soup. Drink, six gills of wine.

24th. Took his diet and drink with appetite; is convalescent. Ordered diet, fowl and gravy soup. Drink, half a bottle of porter and six gills of wine; is ordered to a healthy ward.

25th. As at last Report. Continue diet and drink.

26th. Continues better, and has gained strength. Continue diet. Drink, half a bottle of porter and four gills of wine.

27th. Continues gaining strength. Diet, hashed meat. Drink, one bottle of porter.

30th. Convalescent. Discharged cured.

Nov. 9, 1804. Morning Report. Private Bloomfield of the R. M. Artificers, aged twenty years, of a fair complexion and low stature, usually healthy, had been in hospital about a month since with a slight fever; complains of

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of pain in his head, back, and limbs; prostration of strength, sickness of stomach; pulse 78, firm; tongue white, skin dry; felt his illness come on yesterday; had a purging stool this morning. ℞. Pulv. rad. ipecac. ℈j.

Evening Report. Emetic operated well; pains continue; no stool; skin moist; pulse 80, softer; tongue white, with a red seam round its edge; slept three hours. Ordered, a common clyster, also a blistering plaster to the back of his neck.

10th. Morning Report. Had seven stools; restless; nausea; hæmorrhage from his nose; no appetite; head not so painful; countenance lively; tongue as yesterday; pulse 84, soft. Diet prescribed, sago, gravy soup; to drink a gill of wine in his food. Drink rice water, and toast and water.

Evening Report. Uneasy at stomach, particularly after taking food; five stools; frequent retching, but without rejecting any thing from his stomach. Ordered, to drink camomile water to produce vomiting; afterwards, ℞. Tinct. opii & spt. æther. vit. c. ā gt. x. in peppermint water.

11th. Morning Report. Took five doses of his medicine, which did not induce sleep or relieve the retching; had two stools; when he attempts to turn on his right side it induces full vomiting; continues to discharge blood from his nose and mouth; heaviness and also pain at stomach; pulse 70, soft. Ordered, a blistering plaster to his stomach. Diet as before and tapioca. Drink mucilage of g. arab.

Evening Report. Slept some; blister rises well; more easy at stomach; one stool; pulse 72, soft; skin cool. Ordered, a gill of wine. Continue mucilage.

12th. Morning Report. Is easier; slept a little in the night; had two stools; thirst; perspired a little; pulse 75, soft. Ordered, drink and diet as before.

Evening Report. Restless; no sickness at stomach; two stools; pulse 72, soft. Ordered, to continue mucilage and wine.

13th. Morning Report. Passed a bad night; no stool; his nose bleeds a little; pulse 70, feeble. ℞. Mixt. camphor. ℥ß. every two hours. Diet as before. Drink, a bottle of porter, and two gills of wine in his food.

14th. Slept tolerably; could not relish his porter; one stool; gums bleed; eyes of a yellow tinge; the blistered part on his neck fœtid; pulse 78, soft; countenance depressed. Ordered, diet a well-seasoned beef steak and potatoes. Drink, four gills of wine, as he can bear it; also the decoct. cinch. with the acid. vit. to gargle his mouth.

16th. Continued his plan of cure; is considerably better but very weak; hæmorrhage from the gums entirely stopped;

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stopped; feels a return of appetite. Ordered, diet solid animal food. Drink, six gills of wine.

18th. Continues better; bowels regular; tongue clean; eyes losing the yellow tinge. Ordered, to continue his diet and wine, ad libit. also to be removed to a healthy ward.

25th. Continues convalescent; had followed his plan of diet and wine, only diminishing the quantity of the latter as he gained strength. Discharged cured.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE publication of Cases, and animadversions upon them, have been admitted in all ages and times; it has prevented the ignorant and illiberal mind from taking shelter under the recovery of the patient, as daily done by the Quack and the Charlatan; it has given spirit to discussion; and collisions of sentiments and opinions, have in a great measure brought the healing art to its present perfection.*

In No. 68 of the Med. and Phys. Journal, Dr. Trotter earnestly requested medical men to offer their *animadversions* on a case he then published. As no notice has been taken of it in the Journal; and as Dr. T. has sent another paper on the same subject in No. 72, and promises a third, I am inclined, with your permission, to make a few animadversions on the case. Non tantas componere lites, between two such eminent physicians, but to mention some doubts I entertained on my first reading the case, respecting the nature of it. As Dr. Trotter has solicited the medical world to speak out on the occasion, I hope he will not take offence at what I have written, as he may be well assured, no offence is intended.

Dr. Trotter is pleased to call the disease *Gastrodynia*. Among the most eminent systematic nosological writers, that word is used as a generic term by Sauvages only. He has mentioned twenty different species of it, from different and opposite causes; all which Dr. Cullen has included among his species of the genus Dyspepsia. Sauvagesii definitio: Quicumque dolor notabilis et constans in regione stomachi, qui continua animi defectione non stipatur ut cardialgia, nec pyrexia ut gastritis. Or. IV. g. xxi.

Dr.

* Dr. Trotter's Letter, Medical and Physical Journal, No. 72.

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Dr. Trotter describes the symptoms of the disease, and says, there was "a most acute pain in the epigastric region towards the right hypochondrium, under the last rib, and darting from thence acutely upwards to the shoulder of the same side; pulse 140, and moderate."

These symptoms appeared to me at first sight to belong to a very different and more dangerous disease; and the result of the case, I hope, will support that opinion.

As there is nothing similar in the definitions given by Sauvages and Dr. T. it may be presumed the disease was not Gastrodynia; but as my opinion can have little or no weight in the estimation of Dr. T. I will call to my assistance the opinion of our venerable preceptor. His definition of hepatitis is, (Cullen Synops. g. xvii.)

"Pyrexia, tension and pain in the right hypochondrium; sometimes pungent like that of pleurisy, but more frequently obtuse; a pain reaching to the clavicle and top of the right shoulder; a difficulty of lying on the left side; dyspnœa; dry cough, vomiting, and hiccup."

These symptoms are so very synonymous with those Dr. Trotter has given, that, I hope, if he will dispassionately compare them, he will be inclined to renounce, at least to moderate, his opinion.

In the definitions of the inflammations of all the other abdominal viscera, there is not a word said of "a most acute pain in the epigastric region towards the right hypochondrium, under the last rib, and darting from thence upwards to the shoulder of the same side." These are the unequivocal symptoms of hepatitis.

I will not trouble you with the daily reports, but refer you to the case at large, No. 68 of your Journal. I however beg to call your attention to the minutes of what passed on the seventeenth day.

"A purging mixture was ordered last night. She had six motions in the course of this day, resembling coffee-grounds, without any mixture of fæcal matter."

I wish to know, from whence came so great a quantity of coffee-coloured matter? From the frequent involuntary discharge upwards by vomiting, and downwards by purgatives, few medical men will be hardy enough to prove it was lodged in the stomach or bowels. Is it possible that these six evacuations of coffee-coloured matter could come from any quarter so likely as from the liver, which had been in a state of inflammatory obstruction during the illness? It seemed a critical termination of the disease. And behold, "On the nineteenth had a good night, pulse 98." The pulse fell from 140 to 98; and during Dr. T's attendance, it never exceeded 114 in the evening.

I am, &c.

Newcastle, Feb. 11, 1805. A. FOGO.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

NOTWITHSTANDING the ample discussion which has taken place relative to the nature and character of the late influenza, there still, I observe, exists a considerable difference of opinion among practitioners, not only with regard to the treatment of this disease, but also respecting the mode of its propagation. If, therefore, you deem the arguments and evidence brought forward in the following cursory observations, which were written during the decline of that epidemic, without any view at the time to publication, as tending in the least degree to elucidate the subject, I have to request that you would give them a place in your useful Journal.

I am, &c.

Clement's Inn, Jan. 4, 1805. R. HALL.

The nature and origin of febrile contagion, have, in every age, deservedly attracted the attention of physicians, and various doctrines have been maintained by different authors on this subject. Hippocrates himself, although he certainly marks with care the changes of seasons, in his account of diseases, nevertheless seems to favour the opinion that all epidemics are the offspring of a pestilential constitution of the air, since the τὸ θεῖον, to which he ascribes so much influence in their production, can be only understood to refer to some occult principle in the atmosphere.

Fracastorius, a writer of the fifteenth century, appears also to have entertained sentiments nearly similar on this subject; for, in speaking of the sudor Anglicanus, which, from the accounts transmitted to us, appears to have had a striking resemblance to epidemic catarrhs of modern times, he observes, "In Britannia insula genus est pestilentis febris, et contagiosae .... est autem non contagiosa solum de uno in alium, sed vagatur etiam de civitate in civitatem. Quapropter in vitio aeris praecipue enasci censendum est."

Allied to these opinions is the doctrine of the celebrated Sydenham, that certain constitutions of the atmosphere, produced from occult causes certain diseases, and favoured

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the diffusion of others. This doctrine he applied not only to the plague, and other exanthematic affections, such as the small-pox, measles, &c. but also to acute contagious diseases in general when prevailing in an epidemic form. Such a doctrine seems, however, repugnant to the universal experience of medical practitioners, and is evidently the result of a partial and narrow view of the subject. But, independently of direct facts, the inferences deducible from this opinion are, in our apprehension, equivalent to a *reductio ad absurdum*, for, if the doctrine were well founded, it would inevitably follow, that no human power could prevent the propagation of infection, and all attempts by ventilation, separation, and other means to arrest its progress, would prove altogether abortive. Fortunately, however, experience has not only proved the utility of such measures in controlling the destructive agency of contagious virus, but that every kind of contagion with which we are acquainted, is so circumscribed in its sphere of action, as to be incapable of producing any noxious effects, except at a small distance from its source.

Other writers, renouncing the agency of any occult principle, endeavour, on the contrary, to explain the rise and progress of all epidemics from the sensible qualities of the air; but although it must be admitted, that sudden alterations of temperature, or rather the stimulus of heat, acting on excitability much accumulated from previous exposure to cold, produce great effects on the living system, yet, when we consider the gradual progress, the circumscribed range, and still more especially the prevalence of such diseases in all kinds of seasons, and in very different states of the weather, it must we conceive be acknowledged, that, whatever share such changes may remotely have in the production of pestilential maladies, they are propagated and diffused by the influence of other means than mere alternations of temperature, or any peculiar state of the atmosphere.

The origin of contagion is unquestionably a subject involved in considerable obscurity, and until farther advances be made in chemical physiology, may perhaps still continue to elude investigation. From a variety of facts, however, it appears sufficiently probable, that all pestilential maladies arise from a specific matter generated in the animal system, in consequence of diseased action, and that they are afterwards communicated from one person to another, in proportion to the degree of concentration in the poison, and the susceptibility of the individuals exposed to its influence.

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The application of the same noxious powers, originally productive of any given contagion, may doubtless at all times individually produce it, under similar circumstances; although there seems reason to believe that this is the case in comparatively few instances; yet, without admitting this position as a fact, how shall we explain the occurrence of typhus, which is indubitably contagious, in persons at a period when, on the strictest investigation, the disease, could be traced to no infectious source whatever?

What has been here advanced, respecting pestilential diseases in general, appears to us strictly applicable to the present influenza; for although various facts and arguments have been adduced to disprove the infectious quality of this malady, yet, so far as attentive observation has enabled us to form any judgment on the subject, we are decidedly of opinion, that it is in its nature truly contagious, and alike communicable, as the poison of typhus, scarlatina, &c. from one individual to another.

The reasons which principally induce us to conclude, in common with many other practitioners, that this disease is propagated by individual contagion, are:

1st. From having, in several of the cases which fell under our own observation, been able distinctly to trace previous communication between the patient, and some infected person or place wherein the disease existed.

2dly. From the safety of several families, that remained wholly in a state of seclusion during the prevalence of the epidemic.

3dly. From its attacking persons in succession, living in the same house or family.

4thly. From its spreading, like other infectious diseases, more especially among those exposed, by their more free intercourse with each other, to the influence of the contagion.

Without, however, taking into consideration these and various other facts, which might be adduced as affording the most satisfactory evidence of the propagation of this disease by human contagion, how, on the supposition of its proceeding from a morbid state of the atmosphere, did it not affect different countries at the same period? Or how, if, according to the advocates of this opinion, the mass of air were so vitiated, can we explain the progressive course of the disease? Surely, a cause so universal should have produced effects more nearly simultaneous. Whereas, on the contrary, a marked interval occurred not only between its appearance in one county and

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another, but even in different towns, and in different individuals of the same family. Why, moreover, were individuals exempted, who, though not confining themselves within doors, yet sedulously kept apart from persons or places, wherein the disease existed? How, on the same principle, can we explain the appearance of this epidemic, first in sea-port towns and in large cities, and its gradual diffusion afterwards in every direction through the circumjacent country? Or how, in the present case, can the air act as an agent in disseminating the infectious virus, when it has been fully demonstrated, that all other febrilizing poisons are rendered innoxious, either by diffusion, or chemical solution in the atmosphere.

These and many other similar questions cannot, it is obvious, be satisfactorily answered by those who ascribe the disease in question to a morbid constitution of the atmosphere; whilst, on the contrary, all of them may be easily accounted for by admitting the disease in its origin and progress to depend on human contagion.

Nothing can be more fallacious in medical science, than to build any theory, or to establish any principle, on a few detached facts, inaccurately stated, and ill understood; yet, in the question at issue, it has always appeared to us that the advocates for the non-contagious nature of the influenza have been betrayed into this error, by founding their conclusions on the exemption of individuals, who, though exposed to the action of the contagion, remained free from the complaint: but, it surely does not hence follow, that the epidemic in question is not of a contagious nature, since similar cases of exemption not unfrequently occur on exposure to the variolous, and other infectious poisons, which are yet universally allowed to be contagious. If, therefore, a mass of positive testimony can be adduced to prove the contagious character of epidemic catarrh, little regard is due to any negative facts or exceptions, since, were such a mode of argumentation admissible, it might be proved that no disease whatever is contagious.

Another source of fallacy, respecting the character of this disease, seems to have arisen from a want of due attention to the distinction between catarrh and influenza, which, it must be confessed, unless in strongly marked cases, and without a strict inquiry into the symptoms, and the previous situation of the patient, it is not always easy to ascertain. Besides as, from the testimony of practitioners themselves, it appears that the idea of the influenza, during

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during its prevalence, took such complete possession of the mind as to be frequently associated not only with catarrhal complaints, but with almost every other indisposition to which it had the most distant resemblance, it seems natural to infer, that these circumstances would frequently lead to an erroneous judgment respecting the nature of the malady under consideration.

Several instances are recorded of the same patient having been re-attacked by the influenza, during the same season; and as it has been supposed, that specific contagions can affect individuals only once during life, this circumstance has been urged as a farther confirmation of the non-contagious nature of this malady. Now, although the above doctrine may hold true in general, with regard to measles, small-pox, &c. it will not apply to other contagious diseases, as typhus, scarlatina, &c. to which, after some time, the same susceptibility returns as at first; admitting even, therefore, that in a few individual cases, a second attack of the influenza may really have occurred, yet this is no more than has, in some instances, been observed in other diseases allowed to depend on specific contagion, and can afford no convincing argument in favour of the non-contagious nature of this disease. We ourselves never witnessed a second accession of influenza; that is, any case where, after a complete recovery, the disease recurred with the same characteristic symptoms as at first; but we have frequently met with instances, in which the symptoms became so aggravated by neglect and mismanagement, as to assume the appearance of a new attack. We are, however, far from asserting, that in no instance whatever did any person experience a recurrence of this disease; but we may venture to affirm that it is a circumstance of more rare occurrence than some practitioners seem willing to admit, and that relapses from inattention or neglect, during the period of convalescence, must have frequently given occasion to this mistake.

Of all epidemics with which we are acquainted, the influenza is the most remarkable for its wide and extensive range, seldom appearing in any one country of Europe, without being successively transferred to every other part of it, as well as frequently to other quarters of the globe. The supposition of this malady being a contagious disease, communicable by personal intercourse, the opponents to infection likewise allege, does not accord with its wide and rapid extension, since other contagious maladies, they observe, are not propagated with the same degree of rapidi-

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ty that marked its progress. This argument, however, cannot in our opinion furnish any valid objection, tending to disprove the contagious character of the disease; for when patients labour under any epidemic affection avowedly contagious, they are for the most part, through necessity, subjected to confinement; and the propagation of infection is thereby restrained: whereas, in the influenza, the majority of those who were attacked by it, experienced so slight an indisposition, that continuing to intermix with society at large, they disseminated the contagion more widely and generally than in other epidemics.

In contagious diseases, it is besides well known, that the poison, after its reception into the system, remains for a longer or shorter period in a dormant state, before exciting any perceptible commotion in the animal economy. From this circumstance, as well as from the invisible nature of the miasmata, it is indeed extremely difficult in many cases, satisfactorily to trace the communication of the contagion; yet, in our opinion, the facts recorded respecting the rise, progress, and declension of this and similar epidemics, with their prevalence under different degrees of temperature, and in very different states of the weather, furnish as striking evidence as the nature of the case will admit, that the influenza is, in its origin and progress, wholly dependent on human contagion.

We cannot affirm, from our own experience, whether the influenza could be imparted by clothes or fomites; but reason and analogy, as well as several facts recorded in the history of this affection, tend to support the affirmative of this proposition, and induce us to believe, that the infection may occasionally be conveyed by such intermedia, in a sufficient degree of concentration to give rise to the disease.

As domestic animals, it is well known, frequently suffer as well as man, under the operation of analogous agents, we endeavoured, with a view to obtain farther light as to the nature of the disease, and its remote causes, likewise to ascertain, whether any of them had been subjected to a similar malady; but we have not been able to procure any information on this subject deserving of attention. Mr. Du Gard, in the Medical and Physical Journal for Sept. 1804, has recorded the case of a boy who appears to have caught the influenza from caressing a cat ill of this disorder. What seems to us the converse of this case immediately fell under our own observation. A cat carefully kept secluded, for a particular purpose, from every other

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other animal, within a few hours after being fondled by a person labouring under the disease, was attacked by a complaint, which evidently seemed to be an inflammatory affection of the Schneiderian membrane. As the animal had always been confined in a room of a very uniform temperature, and never exposed to any vicissitudes of heat and cold, it is not improbable that the catarrhal affection was in this case communicated from the human to the brute animal. But, however analogical reasoning may tend to fortify such an inference, yet we are fully aware that this opinion requires farther confirmation, and that without an enlarged induction of facts, we can conclude nothing decisive on this subject.

It would be here wholly unnecessary to enter into any history of the symptoms of this affection, since these have been sufficiently described by the numerous writers on this important subject. With respect to the essential character of the disease, the sentiments of practitioners appear to be no less dissimilar than with regard to its contagious nature: this, however, is a question of the utmost importance to ascertain, as much mischief may arise by not distinguishing its occasional varieties, produced by difference of age, sex, temperament, &c. from the permanent and specific character of the disease. For our own part, after an attentive observation of its prevailing symptoms, in the very few cases which fell under our own observation, we are inclined to agree with those practitioners, who consider it to be of an inflammatory nature; for although the symptoms in this, as in former epidemics of the same kind, varied, not only in different individuals, but likewise in their degree of violence and duration, as well as with respect to the order in which they occurred, yet the disease never lost its appropriate character, and indeed, in the majority of cases, appeared only to differ in degree from common catarrh. We were farther confirmed in this opinion, by observing the greater or less local irritation that always prevailed in the pulmonary organs, as well as by the disease readily yielding to a cooling plan of treatment. As to the extreme debility, which is considered by some practitioners as constituting the leading and pathognomic symptom in this affection, we are inclined to think, that it was at least greatly aggravated, if not often induced by the injudicious employment of stimulants in the incipient stage of the disease, frequently even before recourse was had to medical assistance. In our limited practice, this was no very unusual occurrence;

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in one case in particular,* that of Mr. Gibson, a very ingenious artist residing at Hampstead, the mischief resulting from such conduct, and the beneficial effects of a contrary mode of treatment were so evident, as to strike even the patient himself.†

In the slighter forms of the disease, nothing more was necessary than an attention to regimen, and the proper regulation of the bowels; in more violent cases, however, especially if attended with nausea or sickness, emetics were found useful. When local pains, accompanied with impeded respiration, prevailed, they readily yielded to the application of blisters, or repeated friction with rubefacients. Opiates generally proved hurtful in the first stage of the complaint, during the continuance of local and general excitement; but, towards its decline, when the febrile symptoms had subsided, they were found extremely beneficial, not only in mitigating the severity of the cough, but in promoting expectoration, and supporting a determination

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* In this case, which was distinctly traceable to personal communication, the infection came into action within forty-eight hours after it had been received.

† During the prevalence of epidemic catarrh in 1782, I had an opportunity of witnessing the beneficial effects of a cooling regimen in this disease on a pretty extensive scale in the south of Scotland. Among that class of inhabitants, who are not in the habit of calling in medical aid, except on very urgent occasions, it was a favourite custom, on being attacked by influenza, to drink at going to bed a large draught of the coldest spring water they could procure, strewed over with a handful of oatmeal. This remedy, as may well be supposed, generally operated to produce a diaphoresis, or sweat, and aided by atmospheric exposure, and a meagre diet, to which such patients are necessarily subjected, seldom failed speedily to put an end to the complaint. Whereas, on the contrary, amongst the more opulent classes, who indulged themselves in warm apartments, and in the use of a heating regimen, the disease was, for the most part, protracted to a considerable length. Whilst, to the unenlightened mind this remedy appeared to possess some occult virtue, to the medical practitioner it must be obvious, that it acted merely, like other cooling fluids, by diminishing preternatural heat, and repressing systematic irritation.

A fact to the same purpose, and which I recollect struck me very forcibly on reading it some years ago, is related by Dr. Rutty in his History of the Weather and Seasons during the Continuance of the Catarrhal Fever among the Horses in 1760, and which, in its origin and progress, appears from his account, to have been subject to the same laws as the influenza among the human species. A great many of these animals fell a sacrifice to too warm a regimen, particularly in the barracks at Dublin, where they were kept closely crouded in the stables; here they lost thirty-eight out of two hundred and fifty: whilst at a stand of chaise horses, subjected to more exercise, and a cooler regimen, the proportion of deaths was only two out of thirty-six.

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mination to the skin. When however the cough proved more obstinate than usual, and, at the same time, was accompanied with general irritability, quick and hard pulse, dyspnœa, &c. no medicine was found more effectual in combating these symptoms than small doses of tincture of digitalis, either exhibited by itself, or in conjunction with opiates. By such means, and the occasional employment of other auxiliaries, the complaint never failed to be speedily overcome.

To the Editors of the Medical and Phyfical Journal.

GENTLEMEN,

THE justness of my former "Observations on modern Pharmacopœias," I am well assured, still remains valid. The subject is certainly of too much importance to society to be hastily deserted as incurable, while so many palpable errors, so much incongruence and ambiguity exist. I trust, therefore, I shall stand fully excused, if I still persevere in an humble endeavour to inculcate the necessity of that reform, which, if it do not reach perfection, may, undoubtedly, obtain uniformity and precision.

My first remarks, inserted in the Medical and Physical Journal for April, were, for reasons then given, principally confined to the last edition of the Edinburgh Pharmacopœia; and those which appeared in your Number for July, were, with but few exceptions, dictated by a superficial, though, as far as I have gone, I hope, a very accurate, reading of Doctor Swediaur's *Pharmacopœia Medici Practici Universalis.*

The contents of the letter I am now to lay before you, do not occur from any industrious, curious, or methodical examination of this or that Dispensatory, for such a task would occupy more time than I can well bestow; they result rather from contemplating the present condition of modern productions on this subject, in which I observe more discordance than the present highly advanced knowledge of the sciences ought to allow. But, above all, the dangerous disparity in our metropolitan dispensatories, those of the Colleges of London, Edinburgh and Dublin, demands our first consideration. Among these works I observe such a degree of dissonance, such faltering and hesitation, and so much more attention bestowed upon the

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the capricious nomenclature of the day than to the more essential parts of pharmacy, that nothing more is requisite to prompt me to confine these observations chiefly to vernacular errors.

Repeated examples have convinced me, that the major part of medical practitioners in the three kingdoms do not suspect that so much variance prevails. It were superfluous to urge, that, by virtue of authority from the King and Council, the jurisdiction of the College of London extends in some parts a few miles *beyond* the Tweed; and that the limits of the College of Edinburgh, also in its turn, reach still farther on *this side* of the same river.

Indeed, no two counties, or parishes, in the whole empire are more contiguous nor closely linked than England and Scotland; so nearly, indeed, that if the dispensatories be strictly obeyed, it may frequently happen, that the medicine prepared from the same prescription shall essentially differ when followed by one apothecary, who lives perhaps but a few miles, nay even a few yards, separate from another.

Is it not, therefore, truly absurd that one college should order more or less of opium, mercury, scammony, or other formidable article, or indeed of any acid, alkali or drug whatever, than is prescribed by so near a neighbour as the sister-college, in any composition to which *both* colleges give the *same* identical title? Is it consonant with the safety of medical practice for the *opium pill* of one of our dispensatories to exceed that of either of the others so much as to contain *double* the quantity of opium?

When any medicine has proved successful, either in the relief or cure of a disease, it is very natural, nay, very prudent, for the patient to be tenacious of such a prescription, to preserve it in case of a recurrence of his complaint, and to carry it with him wherever he may go. Those, therefore, who, either for pleasure or business, occasionally change their residence, particularly members of the united Parliament, should be very circumspect; they should be aware in the present imperfect state of the British dispensatories, that a mere change of place may produce a most serious change in the prescription; so that, what formerly had a happy effect, may now prove either ineffectual or dangerous.

Whenever either of the three colleges shall commence a reform, or, as it is commonly termed, a *new edition*, it will then be in its power liberally to come forward, and endeavour to converge towards that desirable *uniformity* of

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of *prescription*, if nothing more can be obtained;—then would be a favourable opportunity to change the proportion of this or that ingredient in some of the most objectionable compounds as they now stand; and, did no other reason exist, the change would be fully warranted were it merely the propriety of being in unison with a neighbour so near.

Such seasonable occasions have frequently presented themselves both to the College of London and to that of Edinburgh; and, I am sorry to observe, neither of them has availed itself of any such advantage. One of the most fair and opportune occurred lately, when the College of Edinburgh compiled the present edition of its Pharmacopœia.

A mere reduction or increase of a single compound, a slight change of an *opiate* or *mercurial pill*, of a *compound powder of scammony*, or of an *opiate electuary* or even of a *diluted sulphuric acid*, so as to assimilate with the standard of the London College, could not have disparaged the College of Edinburgh.

An example of such magnanimity, from the first school of medicine in the world, could not fail to be gratefully acknowledged and readily followed. Such conduct must have stimulated the other colleges to vie with each other to promote a coalition of sentiment as well as interest; and to fraternise, as it were, the whole medical kingdom.

If we compare some of the *formulæ* in the three Dispensatories, one would imagine they had been dictated by caprice; that each college was too tenacious of its own rights to make one step towards that mutual improvement, so essential to the success and accuracy of the practice of physic; and that, rather than forego that power, they would still continue in the line of deviation.

Even in one very simple article alone, sufficient grounds for this accusation may be found. The *diluted sulphuric acid*, a thing frequently prescribed, contains, according to one college, a *ninth* part of acid, and the other colleges have ordered one *eighth*; and this difference, although but slight, seems adopted without any reason.

The College of Edinburgh has, in some measure, I presume, invaded the nomenclature of its neighbour, by adopting the *same name* to denote a *caustic* article, which has, for these sixteen years past, been in use by the College of London to distinguish *mild* volatile alkali. In this age of novelty, when the propensity to coin new names is so predominant, some other more appropriate title

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title might have been devised in the place of aqua ammoniæ. Rather than encroach upon the London Pharmacopœia, one of these might have been preferred, viz. ammonia *soluta*—ammonia *aquosa*—*solutio* ammoniæ—or even the word *ammonia* alone. But why should the word *aqua* be joined at all? To define the article in question, is it not a *permanently elastic fluid* or *gas, dissolved in* water? Have we not many cases, perfectly analogous, in which we omit the word *aqua?* Is either the muriatic or nitric acid any thing more than a *gas dissolved* in water? So much, indeed, do I feel myself inclined to prefer brevity, that I should gladly consent to drop even the word *acidum* in the composition of names, both in chemistry and in pharmacy; for we might with the same propriety say, *alkali* potassæ, as *acidum* muriaticum.

There seems no apology for a species of versatility which modern writers adopt in their nomenclature. This may be clearly evinced by a few examples from the Edinburgh Pharmacopœia.

An aqueous solution is, in some instances, termed *solutio*; and in others *aqua*.

Thus *aqua* carbonatis potassæ, *solutio* muriatis calcis; *aqua* carbonatis ammoniæ, *aqua* acetitis ammoniæ, *solutio* sulphatis zinci, *solutio* muriatis barytæ, &c.

A solution of the *whole substance* in alcohol, or rectified spirit of wine, is sometimes called *tinctura*, and in some similar cases *alcohol*. *Alcohol ammoniatum* and *tinctura camphoræ*. If *tincture* of camphor be proper, the oleum camphoratum should be oleum *camphoræ*, as the last is a solution of the *intire substance*, called camphor, in olive-oil.

I do not perceive any peculiar force in employing the same word as an adjective in one situation and as a substantive in another. Why should there be in this volume tinct. *saponis* and empl. *saponaceum*; tinct. *opii* and pil. *opiatæ* acet. or syr. *scillæ* and pilul. *scilliticæ?*

Trochisci *gummosi* derive their title evidently from the gum arabic, which forms the most material part of their composition. Should not the *emulsio* and the *mucilago*, which also are made of the same gum, have the epithet *gummosa* bestowed upon them, in place of *arabica* to the first, and *mimosæ niloticæ* to the mucilage?

As there is no such thing as gum arabic in the emplastrum *gummosum*, there is room for some other variation to this title; and, were I disposed to invent a substitute, I should, probably, make choice of emplastrum *galbani*. The predominant smell alone would naturally give it the pre-

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pre-eminence; and those who think it proper may, if they please, add *compositum.*

The very same denomination is adopted by all the three colleges to signify a medicine, in which the ingredients employed by each are shamefully dissimilar.

It is, or ought to be, thus prepared, wherever the jurisdiction of the London College is in force, viz. of equal parts of *scammony* and *hard extract of jalap,* with one ninth of the whole of *ginger.*

Within the influence of the Edinburgh College, the powder must be composed of equal parts of *scammony* and *cream of tartar.*

And in every corner of Ireland this composition is to be prepared with equal parts of *scammony* and *sulphate of potash,* with one ninth of the whole of *ginger.*

Although no two of these powders are alike, neither in taste nor efficacy, yet they all bear the same title, viz. *pulv. scammon. compositus!*

The words *confectio* and *electuarium* have so long been confounded that they must now be considered as perfectly synonymous. *Confectio* opiata of one college ought therefore to be precisely the same, at least as far as the quantity of opium is concerned, with the *electuarium* opiatum of the other. We find, however, this is not the case, for the first contains one grain of opium in *thirty-six,* and the latter has no more opium in *forty-three* grains of this compound. These two compositions differ also very materially, both in taste, smell, and, perhaps, in other qualities. The electuar. opiat. wants precision, as there is a *sufficient quantity* of wine prescribed; this quantity is consequently left to the discretion of the operator.

There is another instance of considerable disparity, such, however, as may injure the character of the apothecary more than the health of the patient. Each of the dispensatories has a prescription for the aromatic *confection* or *electuary,* so distinctly varied, that the patient may frequently be in doubt, whether from merely changing his residence, and the consequent change of *taste, smell,* and *colour* of the medicine, some blunder has not been committed; and that what he formerly took in Dublin was not at all like the same mixture, draught or bolus, which may now be prepared in London or Edinburgh.

The old *crude antimony* and the *golden sulphur* of *antimony* are now separated in name, merely by the word *præcipitatum,* which, when abbreviated, may be easily mistaken for *præparatum* or even *pulverisatum.* As the dose of

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of the former, according to the most accurate posological tables, may be extended, I believe with impunity, to *two drachms*, while that of the *golden sulphur* should not exceed *five grains*, and then is frequently attended with very sensible if not violent effects, I should therefore apprehend these have not been sufficiently distinguished from each other.

The same word, *præparatum*, in various other instances, has no meaning whatever. Thus, carbonas ferri and carbonas ferri *præcipitatus*. The respectable translator of the Edinburgh Dispensatory seems also to think it redundant in respect to sulphur *præcipitatum*, since, as a medicine, it is no better than the sulphur in flowers.

There seems no more occasion to put *sublimatum* and *lotum* to the title of sulphur, than to add *solutum*, *exsiccatum*, and such appendages to *potassa*. Many instances occur of these superfluities in modern pharmaceutic language.

In your Journal for July, I pointed out a case of such dangerous disparity, that I am prompted to take every opportunity to make it known. It is an error of such consequence to society, that I hope every effort will be exerted to rectify the mistake, or at least to put every practitioner on his guard. What were formerly, and, I may say, for ages, known by the names of CALOMEL and that of CORROSIVE SUBLIMATE OF MERCURY, are, agreeably to the modern pharmacopœias, confounded under the *same* title, viz. *murias hydrargyri!!!*

Thus, in Dr. Swediaur's Pharmacopœia, we find it is *calomel*; and, in the Edinburgh Pharm. the hydrarg. muriat. is the strong poison or *corrosive sublimate of mercury*.

Under the head *pilulæ*, many improprieties occur, which should be corrected and revised. The College of Edinburgh avowedly mean to give such names to the formulæ as may rather display the *contents* than the *virtues* of any composition. One would not imagine that in *pil. aloës cum colocynth.* the *most active* ingredient of the whole pill is omitted in the title. If there be eight parts of aloes there are also eight parts of *scammony* in the compound; and as this is by far the most potent, it ought to have occupied the *first* place.

The *aloetic pill* of the three dispensatories is at complete variance with each other. The London College, indeed, adds the word *compositæ*, which, in many other instances, has no precise meaning whatever, especially in the Edinburgh Pharmacopœia.

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The *opium pill*, besides being discordant in point of power, as it now stands in our Dispensatories, is also not so manageable as it might have been. With extract of liquorice, it frequently becomes tough and indurated, and, consequently, not so miscible with other ingredients with which it is frequently joined.

Alcohol ammoniatum is a *binary* compound, consisting of ammonia and alcohol; *oleum ammoniatum* should, if the nomenclature were consistent, be also of the same class. The last is evidently a *ternary* composition, for, besides oil and ammonia, it contains a notable quantity of water.

The copulative *et* and preposition *cum*, as I formerly noticed, are not employed with sufficient precision. *Cum calce* in one case is with lime in *substance*, and in another it is with lime water or in *solution*, viz. potassa *cum* calce, in one instance, and oleum lini *cum* calce, in the other.

The word *oxydum* is often redundant in the nomenclature; and in numberless instances, it may be dropped with propriety. I see no absolute necessity to employ it in the new drawling title for emplastrum lithargyri, viz. *emplastrum oxidi plumbi semivitrei*. Is it possible to vitrify this metal *before* it has become oxidated? It may also be asked how the exact aliquot part of the vitrification is to be ascertained, to warrant such a title? Besides, after the lead has combined with the oil, it is assuredly no longer *litharge*; the water with which this plaster is made contains lead in *solution*, and litharge is *not* soluble in water. If the adjective *album* were added to *emplast. plumbi*, the name perhaps would be more acceptable to those who will not permit the word *litharge* to remain.

The *oxydum plumbi album*, or cerussa of the London College, is a *carbonate*. The oxide of lead attracts carbonic acid almost with as much avidity as potassa does. If this supposed oxyde be put into dilute nitric acid, the doubt will soon be removed by the assistance of a pair of scales, and, perhaps, a little lime water. I am thus explicit, as I have been publicly asked the question.

I am sorry to observe the word *linimentum* is now expunged. The beauty and richness of language often consist in a limited variety of synonymous words. It certainly appears awkward to order a limb to be anointed with a *tincture*; or to bathe the part affected with *tincture of soap* instead of *soap-liniment* or opodeldock.

From the nature of my occupation, I am compelled to a miscellaneous mode of composing these remarks; for, in a former paragraph I ought to have noticed, that although the word *oxydum* be frequently superfluous, it is also as often

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often left out. This is a clear indication of the capricious state of chemical nomenclature. Among many other cases, we may bring forward several among the class of salts.

Thus, *pot-ash* and *sulphuric acid* form a true *binary* salt, called *sulphat* of *pot-ash;* but *iron* and the same acid can never produce a *sulphat* of *iron.* Nevertheless, to avoid the tedious verbosity of the present system, *I* am satisfied with *sulphas ferri* as a name. It must however be granted, that as the metal must be combined with a portion of oxygen before it be *sulphatised,* the College of Edinburgh and Dr. Swediaur would have been more consistent with the original plan, had they adopted sulphas *oxydi* ferri, murias *oxydi* hydrargyri, sulphas *oxydi* zinci, &c.

Were such rules to be followed up, we might get rid of the word *sub,* which, I believe, is often misapplied. So that *sub*-acetis cupri, according to the new system, might be *oxydum* et acetis cupri, or acetis cum *oxydo* cupri, and boras sodæ *cum sodâ,* with every other *sub*-salt in the whole list.

The article of commerce called *verdegris,* often contains some *metallic* copper, but it chiefly consists of an oxide of the metal, together with some acetic and other vegetable acids, husks and stems of grapes and other adventitious matters, for no two samples are alike; to such a complex mixture I should deem *sub-acetite* of *copper* a very improper and unsatisfactory title.

Each of our Colleges has not only a different name for *sulphuret* of *pot-ash* or liver of sulphur, but orders this compound to be prepared with a variety in the proportion of the ingredients. That by the Edinburgh Pharmacopœia is unnecessarily expensive; there is no occasion to take *pure* pot-ash, as when a carbonate is employed the acid is invariably expelled.

Pilulæ Rufi, pulvis Doveri, and some few others, in honor of the inventors, should be suffered to remain. Pulvis ipecac. *compositus* gives one the idea that this powder is a *stronger emetic* than ipecacuanha alone: and pulv. ipecac. *et* opii, to those who are about to commence their study, will never indicate a *sudorific.* Indeed, *P. sudorificus* appears to me sufficiently accurate; and *Doveri* would be no disgrace to the title.

There ought to have been a regular process for *soap,* fit for medicinal purposes, in all the dispensatories; and, were I to prefer one to another, I should take *olive* oil to be very superior to that of almonds, than which nothing is more susceptible

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susceptible of rancidity; and, in respect to the alkali, we should insert pure *soda* in preference to potassa.

A kind of strict analogy ought to pervade every thing in a pharmacopœia, especially in nomenclature; and the acidum *succini* should, therefore, become *succinicum*, to agree with the whole class of acids.

The process for *sulphas sodæ*, of the Pharm. Edinb. would be more productive, and the crystallisation more perfect and successful, were *carbonate* of *soda* substituted for *chalk*, with a view to saturate any super-abundant acid. Indeed, a small excess of the alkali might be allowed.

The reasons given for using an *excess* of sulphuric acid in the process for *acidum nitrosum*, do not appear conclusive; for, by proper address, a *neutral* sulphat of pot-ash may be abstracted from even a glass retort, with as much security as from an iron pot. This acid may be drawn perfectly pure, at least as *nitrous* acid, from iron vessels; and should sulphuric acid arise, it must be on account of its original excess, or the ignorance of the operator.

In the Medical and Physical Journal for April, I gave an opinion on the oxide of antimony called *pulvis algarothi*, that it is "the most *uniform* oxide" for pharmaceutical purposes. This has been denied in a very respectable, although *anonymous*, quarter, in which it is stated to be a *sub-muriate of antimony*. I can only say, in every analysis, by the most accurate of practical chemists, it has been generally relied on as an *oxide* to ascertain the quantity of antimony contained in any mineral or metallic ore; and relying, as I do, on the repeated experiments of Klaproth, (see his Analytical Essays) I cannot forego that opinion.

As to the new fantastical name for *pulv. antimonialis*, and what I said upon the preparation, it must be recollected, the whole paragraph consisted of interrogatories; I have of course given *no* opinion on that head, but rather wait for information from others. If there be any muriatic acid in the above oxide, it must be considered more as *fortuitous*, than essential to its constitution: Thus there is such a thing as pure potash; but no quantity of lime whatever will abstract the *whole* of the carbonic acid from carbonate of potash; nor will any quantity of water succeed in divesting muriate of antimony of the *whole* of its acid.

The powder projected by Mr. Chenevix, as a substitute for James's powder may, as a medicine, be equal, if not superior to the original. However, as the first is *intirely soluble* in various acids, while the latter remains in part

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insoluble in the same menstrua, the comparison, in regard to *nomenclature*, must cease.

For my own part, I am surprised the Edinburgh college did not adopt Mr. Chenevix's powder, since there is a degree of neatness and precision in the formula, which must always produce at least an *uniform* preparation; and this cannot be obtained in the present pulv. antimonialis, or *oxydum antimonii cum phosphate calcis*.

In a former communication I remarked, that *purified* opium was in respect to *crude* opium, as 12:9. This was not originally asserted by me, therefore does not bind me down as an advocate for *purifying* opium, which has been insinuated. The London college have, however, continued to trust this *purified* opium for many years; and I confess, although perhaps the process might be dispensed with, I have yet heard no complaints. There is a remark in the English translation of the Ph. Londinens. taken from "*Apothecaries' Report*, that $\frac{1}{12}$ of dried opium were taken up by *proof spirit*; and what remained, we may presume, was chiefly feculence. If such a solution be evaporated with *proper care*, the above conclusion will, I apprehend, prove to be very accurate.

Notwithstanding such respectable authority, I am inclined to prefer *crude* opium; for, although the purifying of this very important drug does not *spoil* it, as your correspondent has asserted, it certainly is unnecessary. What the London College term *hard* extracts should be discontinued; for I fear they are seldom to be trusted.

From repeated experiments I have found, that *crude* opium may lose by drying as much as *one-fourth* of its weight. When fresh and newly imported, it is often so very soft as to be unfit even to form pills, unless the operator, at his own discretion, add a little of some innocuous powder, such as starch or liquorice root.

As the several gradations from this extreme to perfect siccity must be very numerous, the compilers of the Edinburgh Dispensatory should, in all cases whatever, have especially insisted upon crude opium in *fine powder*, which would have effectually obviated an inconstancy which must otherwise, I fear, often occur; therefore, *crude* opium, in *fine powder*, implies, consequently, that it must previously be *dried*; and this may be done by a heat not exceeding the common temperature of our summer.

It has ever appeared to me, that there is less danger in preparing medicines to their full extent of power, provided they do not exceed the limits or capacity of the prescription, than

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than to retrench that efficacy, by lessening the quantity or quality of any important ingredient. Besides *opium*, such formidable medicines as *digitalis, mercury, antimonial* preparations and others, should in all cases be administered in the state of *utmost* strength. Change of residence, to my knowledge, has been often productive of much mischief. One case, in particular, occurs to me, which may serve to elucidate this fact. It was of a lady, who, from the imperfection of *digitalis* in powder, had been ordered to augment the dose. When her medicine was expended, a fresh supply was provided, which, being newly gathered and pulverized, produced effects so much more powerful as to have nearly proved mortal.

One very cogent reason for retaining a great number of old and arbitrary names, such as *litharge, alum,* &c. is the intolerably turgid verbosity of many titles lately adopted. Almost every formula is announced by a bombastic periphrasis. Can any thing be more grating to common sense, than an *oxidum antimonii, cum sulphure per nitratem potassæ,* for crocus antimonii; *oxidum hydrargyri rubrum per acidum nitricum,* for hydrarg. nitrat. ruber; *oleum volatile corticis flavi citrus aurantii,* for oleum corticis aurantii; or, *oxidum stibii hydro-sulphuretum rubro-fuscum,* which is the last and improved edition for *Kermes mineralis.*

To complete the measure of modern absurdity, lest this periphrastic circumlocution should not be understood, Dr. Swediaur has prefixed a species of glossary to each formula, and this immediately succeeds the title. As these lists are in general most grossly imperfect, and more likely to mislead than inform the reader, I sincerely hope they will never be permitted to appear in any British pharmacopœia. In your Journal for July, I selected only a few instances, out of a very extensive number, to shew how far that gentleman's work ought to be trusted for accuracy on this score, as well as on others. I know my observations are generally at variance with at least one critique I have noticed; but that, in my mind, is of little consequence, for society will be more benefited by exposure of *faults,* than dwelling on the *perfections* in books of pharmacy, chemistry, and of every branch of medicine.

On the subject of nomenclature much may be said. The most prominent feature of the chemical system seems to be exceptionable, viz. oxygen; and this, the very keystone of the whole arch, seems defective. When a name is contrived for any newly discovered substance, it should;

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if possible, be divested of all ambiguity, and applied where, in all cases, it must fit without exception.

It may be insisted on, that several anomalies militate against this name; many things have the property of an acid which do *not* contain oxygen; others, in which it abounds, are *not* acids. Can any thing more effectually neutralize an alkali than common sand or *silex*, in that composition called *glass*, which cannot be decomposed by any acid whatever, if we except the *fluoric*? It is here to be remarked, that, as far as we know, fluoric *acid* contains *no* oxygen; and that this word, from its very beginning, is gratuitously received.

Had the framers of the new system called this very important simple substance *hydrogen*, there could not have been a single exception. As water forms such an immense portion of this habitable globe, and as it contains in every hundred parts, *seventy-five* of this same substance, I am surprised there should have been the least hesitation in deciding the question.

On the present occasion, however, this subject must go no farther; what I have offered may possibly induce others to attend to it, and, by general consent, bring about that speedy and effectual reform, which is so essential to the interest of society in general.

I am, &c.

Lagn Acre, Dec. 14, 1804. JOS. HUME.

On receiving the following Case of Gout, treated on the cold Water Plan, we doubted whether the Author had correctly applied Dr. Kinglake's Mode of Treatment, and therefore a Copy was sent to Dr. K. for his Opinion, which is subjoined to the Case.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

PREVIOUSLY to entering upon the following Case, which I flatter myself you will think interesting, give me leave to premise, that I have always done my best endeavours to obviate the censure commonly thrown upon that class of the profession of which I have the honour to be a

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humble member, viz. that they are not acquainted with the modern discoveries in medicine, and the more recent modes of treating diseases. For my own part, I lay out all the money I can afford in the purchase of new publications; and I consider it my duty to try every improved mode of treatment that appears to me feasible, on the brave men entrusted to my care. On these principles I lately purchased the ingenious work of Dr. Kinglake; and being much pleased with the simplicity as well as the efficacy of his mode of curing the gout, that obstinate disease which can now no longer, with propriety, be styled the *opprobrium medicorum*, I resolved to put it in practice the first opportunity.

It was not long before an opportunity occurred of giving its efficacy a full and fair trial. The captain of our ship, a lieutenant in his Majesty's royal navy, about sixty years of age, who had been liable to attacks of the gout for these last ten years, after being exposed all night to a drizzling rain, in following the motions of some of the enemy's small craft along the French shore, complained in the morning of being sick at stomach. This he attempted to remove by some brandy and bitters, his usual remedy; but on this occasion it did not succeed. He had no appetite for dinner; and in the evening he called me into his cabin, and showed me his foot and ankle, which were considerably swelled and inflamed. I had no doubt of this being an attack of gout. Being determined to put the new practice to the test of experiment, I immediately immersed the foot and leg in a pail of fresh drawn sea water. (It may be necessary to inform the Reader, that the patient has only one leg, the other having been amputated just below the knee, on the glorious 1st of June). He at first objected to this plan, but soon found alleviation of the pain, and he agreed on going to his cot, to have the whole of the limb wrapped up in cloths wrung out of cold water. He slept well, but in the morning complained of a coldness in his stomach. On examining the leg, the redness and inflammation had quite disappeared. He wished for a glass of Madeira, or to have some brandy in his tea. I objected to both these requests, and being determined to give Dr. K's plan a fair trial, I had taken the precaution to have some water cooled by hanging it to the main stay in a bottle surrounded with wet cloths at an early hour in the morning, where it was exposed to the full effects of evaporation; of this I prevailed on him with some difficulty to drink a large glass. Conceiving that

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the sense of coldness at his stomach, of which he still continued to complain, might be a gouty affection, I applied cloths wrung out of sea water to the patient's stomach, which were frequently renewed. During the day he complained of no pain, but he expressed no inclination for food. He frequently asked for some Madeira, or hot spirits and water; from these however, though with some difficulty, I prevailed on him to abstain. In the evening he seemed very heavy and much inclined to sleep. This I considered as a favourable symptom. About two o'clock, A. M. I was called out of my birth, and found my patient comatose, and affected with stertorous breathing. His face appearing very turgid and red, I took away, without loss of time, ten ounces of blood. But this not immediately rousing him, I applied cloths wrung out of salt water to the whole of his head, having previously taken off his night cap; and I desired my mate, who sat up with him, to keep them cool by pouring water from time to time on them from a can filled expressly for that purpose. He waked me about six, A. M. to say he was alarmed about the captain's situation. I found him insensible, with his eyes open, and breathing very hard. I had now no doubt of this being an apoplectic attack. I immediately opened the temporal artery, which however bled but little, and the patient expired about ten o'clock.

Now, Gentlemen, I would consider it as a favour, if you, or still more so, if Dr. Kinglake himself, would condescend to declare, for the satisfaction of some of our officers, who have been carping at this new mode of practice, and for the justification of my own conduct, whether any part of the plan of treatment I have now detailed, can be considered as having had any tendency to accelerate the death of the patient. For my own part, I have no doubt of the complaint having been apoplectic from the beginning, and that nothing could have prevented its fatal termination. I can hardly believe that wetting the cloths with salt water, instead of fresh, could have any material influence. On this point, also, I would humbly crave Dr. K.s kind opinion.

If you grant this insertion, you may depend on receiving an accurate account of my success in the next case of gout that falls under my care; being determined to follow up the same plan of treatment, till I see good reasons for laying it aside,

I am, &c.

Off Dungeness,
September 20, 1804.

HECTOR O'NEAL.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ACCEPT my respectful acknowledgment of your liberality, in favoring me with an opportunity of remarking on Mr. O'Neal's case, by sending me a copy of it previously to its being published.

The case is undoubtedly a very interesting one, but does not appear to me to involve the credit of the cooling treatment of gout. It should seem, that an unyielding affection of the stomach prevailed from the commencement to the termination of the disease. It is not stated that the gouty tumefaction on the foot alleviated the stomachic complaint; nor is any thing said either as to the state of the pulse, or to that of the motive condition of the nervous system.

Topical cold, as usual, removed the local inflammation, but it does not appear that the stomach suffered an aggravated degree of affection from its removal; on the contrary, less subsequent complaint was made of that organ, and sound sleep ensued.

With respect to the true nature of the stomachic affection, Mr. O'Neal is most competent to form a correct judgment of it, from his opportunity of minutely observing the existing circumstances. A sense of coldness is surely not a symptom of gouty inflammation; it rather indicates deficient than augmented excitement.

The external application of cold water to the region of the stomach is only vindicable by Mr. O'Neal's circumstantial acquaintance with the case. How far such an attempt to relieve might have succeeded in reducing positive inflammation is not in my power to determine, having never carried topical cold to that length of experiment, tho' it would seem to be an appropriate remedy.

The symptoms which more particularly indicate stomachic inflammation, are a sense of burning pain in the cavity of that organ, extreme dryness of tongue, insatiable thirst, and a rapid hard pulse. Instead of these denotations of excessive temperature, an inveterate feeling of coldness in the region of the stomach seemed to have predominated in the case in question, which gradually involved the brain in a state of comatose stupor. All this evinced failure of nervous energy, and certainly constituted the usual character of apoplectic malady.

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Mr. O'Neal, from a much more accurate knowledge of the subject, than is possible for me to learn from a general statement, thinks the complaint was from its commencement of an apoplectic tendency, and that its fatal termination could not have been obviated. This was probably the true state of the case.

Mr. O'Neal has, with a laudable spirit of inquiry, subjected the cooling treatment of gout to trial, and he will have no reason to regret his persuasion of the salutary efficacy of the practice, if he should correctly direct the course of his experiments by the indications of sensual temperature.

It behoves me to suggest to Mr. O'Neal and to the public at large, that the cooling treatment of gout was never proposed on my authority to be extended to the regions of the visceral organs by topical affusion with cold water. It is an essential part of my doctrine that gout cannot occur on the visceral parts, for want of the requisite structure to give effect to that peculiar inflammation. These parts might, and often actually are, seriously disordered by the sympathetic influence of protracted gouty pain on the extremities; but it is for me yet to learn that the cessation of torture on these parts, can give rise to fatal excitement, whether inflammatory or nervous, on the visceral organs.

The cooling treatment of gout, like other modes of remedy, must necessarily be liable to various morbid coincidences of the system, but such accidental occurrences should stand upon their own ground; if inflammatory, they should be appropriately treated; if spasmodic, managed accordingly. Thus, if during the refrigerant treatment of gout, a sense of coldness at the stomach should occur, it would be opposing the sensual indication of cure to increase that coldness; genial warmth should be applied, by moderately exciting the stomach either dietetically or medicinally.

If spasmodic twitches should arise, opium and other suitable narcotics should be duly given. So likewise, if the head be affected, it should be treated according to the degree and kind of morbid action. When tone, energy, and excessive heat abound, diminished temperature will afford relief; but if tremor, debility, and coldness prevail, additional excitement will be indicated.

Much diseased sympathy subsists between the similar structure of the different joints; a reciprocal interchange therefore of gouty excitement between these kindred parts is very apt to obtain, and does often prevail with inveterate obstinacy,

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obstinacy, but without at all involving the safety of the general health. In these instances no quarter should be given the shifting stations. The new excitement is always unequivocally announced by inflammatory heat and pain, which constitute the essential character of gout.

The visceral parts are also liable to inflammation, and were they susceptible of being affected by it by gouty transference from the joints, it would not be denoted by a failure of nervous energy, evinced by coldness of stomach, and stupor of brain, but by arterial throbbing, burning heat, exquisite torture, and violent delirium.

Under my own direction the cooling treatment of gout has succeeded without having been embarrassed by even an accidental occurrence of visceral discomposure. When irresolution or dread of any noxious effect of the treatment has induced any thing like a tremulous state of excitability, it has been my uniform practice (as mentioned in my Dissertation on Gout) to give from one to four tea spoons full of equal parts of camphorated tincture of opium and ammoniated tincture of guaiacum, in any suitable vehicle. This compound medicine has a tendency to calm morbid disturbance, and might salutarily obviate its hurtful concentration on any particular viscus.

The bold and fearless freely use the remedy without either advice or precaution, and have in no instance to my knowledge, suffered from their dauntless trial of its efficacy.

The cooling treatment of gout is ushered into the world on the firm basis of correct experience; if that support will not entitle it to an impartial scrutiny, and a fair estimate of its merits, it shall receive from me no speculative recommendation. Imaginary cases will often occur in opposition to its credit; but these, when stripped of the blandishments of prejudice, error, and fiction, will lose much of their seeming validity.

The public are put on their guard in a caution suggested by me respecting the various artifices that already have, and probably will continue to be, practised against the credit of the treatment, in my Reply just published to Mr. Edlin's two reputed cases of its fatal effects, to which the reader is referred for a view of the grounds on which the refutation of those cases is attempted, and for other information relating to the refrigerant treatment of gout.

It is my only wish in this arduous inquiry to ascertain the truth of the question; the research was instituted with an heartfelt regard to the benefit of mankind, and whether it

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it be accomplished by the eventual establishment or rejection of my proposal, the philanthropy of my object will be equally gratified. I am, &c.

Taunton, Dec. 14, 1804. ROBERT KINGLAKE.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

UPON referring to all the volumes of the Medical and Physical Journal now extant, I do not find that any practitioner among your Correspondents has given a single paper on the subject of Uterine Rupture. If the following case and observations should be considered sufficiently important for insertion in that valuable work, they are very much at your service.

I am, &c.

Thetford, Dec. 30, 1804. HENRY BEST.

MONDAY the 29th of last October, about one o'clock in the morning, I was requested to give my attendance as accoucheur on Mrs. Ransom, the wife of a respectable farmer residing at Hockham, a village about eight miles from this town. Her full term of gestation had expired, and I was informed, that some time before my arrival, a copious evacuation had taken place from her bowels; that during a pain, the membranes had given way, and the discharge of the liquor amnii had been very considerable; from which time the pains had been so strong and frequent, that both herself and her attendants thought the labour was making rapid progress towards a favourable termination. Upon examination per vaginam, I found the os uteri very little dilated, and the child so high up I could not obtain the smallest knowledge of its situation; and although the pains continued strong, and returned at short intervals, it was not till the evening of this day that the uterine orifice would allow me to satisfy myself, as to the nature of the presentation, when, with some little difficulty, I passed my hand, and found the head entering the superior aperture of the pelvis.

During Monday night, and the forenoon of Tuesday, she betrayed a considerable degree of inquietude, was frequently changing her posture, sometimes lying upon one side

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side and sometimes upon the other, and every now and then out of bed, and walking about the room; but with a view of relieving these restless emotions she was prevailed upon to take a few drops of laudanum, which in some measure answered the desired purpose; the pains became suspended, and she enjoyed a few broken slumbers; but as soon as that medicine had ceased to act, the pains returned with their usual strength, and recurred at short regular intervals. From time to time she took a little gruel, and now and then a draught of small-beer, and frequently passed her urine. The os uteri became soft, yielding, and fully dilated. The labour made gradual progress, and at this period in no respect varied from common natural cases. By the continued and regular force of pain the head on Tuesday afternoon descended into the concavity of the os sacrum, and although the liquor amnii had been evacuated at so early a period, the state of the soft parts, the regular recurrence and strength of pain, the calmness, and regularity of the pulse, and every other circumstance, promised a speedy and happy delivery. About six o'clock in the evening of this day, a servant entered the room and announced tea, when I withdrew with one of the attending ladies to another apartment, but was immediately followed by the nurse, who said "the pains had stopped all at at once," and that Mrs. R. wished to see me. Upon approaching the side of her bed, she exclaimed, "Oh Doctor! the child has slipped through to my side, and I am sure I am dying." Her respiration immediately became so quick and laborious, that she insisted upon being taken up, and was accordingly lifted out of bed; she walked a few steps, and then seated herself on the side of the bed, kept her hand to her side, and frequently repeated that she was worse and worse, and dying. Upon applying my hand to the abdomen, I distinctly discovered that some part of the child had bursted through the uterus; while vomiting, hiccuping, uterine hæmorrhage, cessation of labour pain, &c. but too clearly convinced me of the fatal catastrophe. Her respiration became more and more oppressed, and in a few minutes spasms took place, and death succeeded. In this melancholy case the symptoms of dissolution rushed on with such rapidity, and fixed her so irremoveably to the sitting posture, neither time nor opportunity allowed of any attempt to deliver the child. After an interval of thirty-six hours, I was permitted, in the presence of Mr. Mingay (with whom I am professionally connected) the nurse and another female, to open and inspect the body.

Upon

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Upon making a division in the usual manner, the whole of the child with the placenta were found among the abdominal viscera, but the quantity of bloody serum contained in the cavity, together with the extreme putrid state of the parts, prevented me from ascertaining the precise situation and direction of the laceration in utero.

Upon examining the child, after removing it from the mother, it was not found to exhibit any appearance the least unusual.

Some time during the last month of Mrs. Ransom's pregnancy, I understood, that in taking the winch of the butter churn rather hastily from the servant, she received a violent blow upon the prominent part of her belly, which for some time occasioned considerable uneasiness; she mentioned this circumstance once or twice during her labour, but did not seem to attribute any ill consequence to the accident.

Mrs. R. was in the fortieth year of her age, of middling stature, and much disposed to obesity; but in general had enjoyed a good state of health. She was mother of eleven children, all now living; and as a proof there was no fault in the formation of the pelvis, she had never before experienced a difficult or even a tedious labour.

Among practitioners in Midwifery, I believe considerable opposition has prevailed in answer to the question, whether or not any attempt should be made to deliver a woman who has suffered a rupture of the uterus. The late celebrated Dr. Hunter is one among the number of those who have considered this dreadful accident as inevitably fatal both to the mother and child, and appeared to have thought an attempt to deliver, as answering no other purpose but that of increasing the sufferings of a fellow creature. In a case of this nature, quoted by Dr. A. Douglas, in which Dr. Denman was consulted, it appears that, at that period, the Doctor had no idea any woman could survive a rupture of the uterus, and therefore considered an attempt to extract the child, not only as hopeless, but likely to answer no other end but that of aggravating the sufferings of the patient. This celebrated and experienced practitioner, however, in the last edition of his excellent Treatise on the subject of Midwifery, appears to consider it our duty, "hopeless as the case must be, to pass the hand into the uterus, to turn and deliver the child by the feet, or with the forceps or vectis, or in any other manner the case will allow."

In the year 1789, the public was favored with a pamphlet,

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phlet, entitled, "Observations on the Rupture of the gravid Uterus, by Dr. A. Douglas." In that interesting Essay the Doctor records a case of the kind in question, in which he was consulted, and where the circumstances of the labour urged him to turn, and extract the child; and it appears, from the clearest evidence, the woman actually recovered; that the lacerated part of the uterus reunited; and that she afterwards had two children. That the case here alluded to was that of a rupture of the uterus, the Dr's statement proves beyond a possibility of doubt; and as a copy of the most interesting part of it may not be unacceptable to such of your readers who have not had the opportunity of perusing the original; and as, at the same time, it will prove, if there is a possibility of delivering a woman who has suffered a rupture of the uterus, that the case is not entirely destitute of hope, I shall take the liberty of subjoining it.

"By examining in the common way, I could distinguish nothing except a round movable substance, which I supposed to be the head of the child; but being able to reach it only with the points of my fingers, I could not determine with any certainty what it was. The woman appearing to be, in extremis, my mind was so wholly occupied by her danger, as to preclude all reasoning with respect to the cause. Immediate delivery seemed to promise the only chance of relief, which, though slender, I resolved to afford her, by turning the child. There was no difficulty in passing my hand; and the substance which I had supposed to be the child, fled before the tips of my fingers. By following it, I at last perceived my hand was in a cavity which in no sort resembled the uterus. I was then forcibly and painfully struck with the nature of the case; and on examining all round, could with certainty determine that my hand was in the cavity of the abdomen, the child lying on the fore part, on the back part the contracted uterus like an oblong ball, and the intestines hanging among my fingers. It is not easy to imagine how miserable I felt at this moment: No hope of doing good to the woman from the usual event of such cases; no possibility of consulting with any of my brethren; and a necessity of determining instantly how I was to proceed. I decided in favor of immediate delivery; my hand being in contact with the child, the feet easily to be found, and no possible advantage to be expected from delay. The death of the patient was what might reasonably be expected. I met with no obstruction to the turning and extraction,

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tion of the child, except in the passage of the head thro' the brim of the pelvis. While my hand was in search of the feet, I thought I could perceive that the placenta was likewise in the abdominal cavity, therefore expected that it would be easily brought away. But in this I was mistaken; for it had so clung to the intestines, that I was under the necessity of again introducing my hand, to detach it. This was not difficult, and afforded me an opportunity of being still better instructed in the nature of the injury. The uterus seemed to have ruptured transversely, on the lower and fore part, some distance above where the vagina is connected with it, and was more contracted in its size than I thought possible in the short space of time which had elapsed since the accident. The hæmorrhage was not greater than is usual in common labours."

It appears from the Doctor's diary, that the subject of the above case was harrassed with many very distressing and threatening symptoms during the first fortnight; but that at the end of forty-five days she was so far recovered, that she walked from Clare Market to the Doctor's house in Bedford Square, without much inconvenience.

Although the experience of the past and of the present time has rendered cases of this nature almost hopeless, yet in the opinion of Dr. Denman, as well as that of Dr. Andrew Douglas, the above remarkable instance of recovery is sufficient to authorize every practitioner in future, where the case will possibly admit of it, to endeavour to deliver the patient, "and bad as her chance certainly would be, to be strenuous in using all the means which art dictates to extricate her from her danger."

It appears from the authority of Dr. Douglass, that rupture of the gravid uterus has happened more frequently than practitioners in general may have been aware of. He asserts that twenty cases, in which the fact was demonstrated by dissection, had occurred within twenty years in London, and adds, that a considerable proportion of the deaths which have happened suddenly in time of labour, or soon after delivery, may probably have been in consequence of a laceration of the womb or its appendages.

To

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To Dr. BRADLEY.

DEAR SIR,

THE following case of Hæmatemesis having recently occurred, and not recollecting any detail of this species of hæmorrhage in the usual routine of medical communications, I take the liberty of requesting you to give it insertion in the next number of the Medical Journal.

I am, &c.

Bishopsgate Street, Jan. 15, 1805. JOHN SYER.

Perhaps there is no subject of human pathology at present better understood, or wherein cases are more successfully treated, than hæmorrhage. This certainly arises from our late acquaintance with the physiology of the vascular system, and a more minute knowledge of the properties of the blood. It might therefore appear superfluous, a priori, to accumulate further materials for the improvement of practice; still it must be acknowledged, that the event of every hæmorrhage will be more or less precarious, according to its situation; and therefore the medical treatment of internal hæmorrhage cannot be altogether uninteresting.

I was called, on the 12th of November last, to a young lady, of a full habit, but regular as to her modes of life, who had voided, by the act of vomiting, about 12 ounces of dark coloured blood, mixed with a small portion of bile and the usual secretion of the stomach. About ten or twelve hours previous to the accident, she had complained of pain, not very acute, in the epigastric region, and a good deal of nausea, which she attributed to some article of food that had occasioned much restlessness during the night. On first seeing her, the countenance was pale, the circulation somewhat hurried; there was a degree of universal coldness to the touch, a continuance of nausea in a slight degree, an unpleasant brackish taste in the mouth, and the patient was anticipating a return of the hæmorrhage. About a fortnight before this period she had been somewhat indisposed by a sense of languor, and failure of appetite to eat, fancied herself bilious, but could not afford any satisfactory information that could explain the cause of this hæmorrhage.

Before

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Before I had an opportunity to send any thing for her relief, the hæmorrhage had recurred; but she was directed to take a draught of the infus. rosæ compos. with two scruples of magnesia vitriolata and five drops of tinct. opii every four hours, and the following morning a draught of manna and a larger quantity of magnes. vitriol.; to persist in the horizontal posture, and to abstain from vinous liquors and animal food. Very early on the morning of the 13th, she experienced a return of hæmorrhage, and had lost full 14 ounces of blood, of the same dark complexion, which coagulated as it was voided; a violent degree of vertigo and distressing sickness preceded each attack. She was now much exhausted; the purgative operated rather copiously, and there appeared with the fæces a considerable quantity of a dark chocolate coloured fluid of a highly offensive smell, intermixed with portions of coagulated blood. The pulse was from 120 to 130, accompanied with a throbbing sensation, and she had strong palpitation of the heart. She became rather alarmed, and was very irritable; every little noise or motion in the room harrassed her, and she had truly the aspect of a patient suffering from severe uterine hæmorrhage. The skin was rather clammy, and the pupil of the eye considerably dilated, which gave to that organ a glassy lustre. She was desired to persevere in the same medicines, and passed the remainder of the day and nearly the whole of the ensuing night without any alarming symptom, or return of sickness, but was seldom free from an aching pain about the stomach, and a considerable degree of dyspnœa.

On the 14th, about six o'clock in the morning, the hæmorrhage returned, (preceded by extreme sickness) to the amount of 12 ounces. The family were now much disheartened, and with difficulty concealed their sentiments from the patient; they were therefore solicitous of further advice, and a physician of considerable eminence was called in, who regarded the case as a critical one, and substituted oleaginous medicines with a small quantity of tinct. Rhæi, in lieu of the infusion of roses; at the same time directing recourse to be had to her former medicines, (which were never rejected) provided the present composition should create any nausea. Her diet consisted purely of farinaceous substances and milk; and extreme quietness was enjoined. The pulse still indicated a disposition to relapse, but she remained free from every other precursory symptom; she had violent head-ach, and the palpi-

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tation of the heart gradually subsided. The bowels were rather too constipated, and the oleaginous medicines were repeated, with a double portion of the vin. Rhæi, which was still insufficient to obviate constipation, and therefore a mixture of ol. Ricini was directed. The physician discontinued his visits, and the patient was now consigned to my care. The same plans were persisted in, and she gradually recovered from the effects of the hæmorrhage, which, however, had left her very debilitated.

During her convalescence, the appetite for food was voracious, but the stomach easily disordered, and any little indulgence above the usual quantity was succeeded by pain and flatulence. The pulse gradually returned to its usual standard, but the head-ach and nervous affections alternately troubled her. She was not suffered to change her position for nine days after the last attack of hæmorrhage; and to this and other regulations in diet and medicine, which were punctually followed, might, in a great measure, be ascribed her exemption from further danger. The only symptom that tended to retard her perfect recovery, was an almost insufferable constipated state of the bowels, notwithstanding the exhibition of very powerful cathartics. No degree of œdema, or other characteristic of weakness, has supervened.

The indications of cure in hæmorrhage from the stomach, probably, do not differ much from what would be suggested in hæmorrhage from other parts of the body. The general principle of diminishing the force of the circulating powers must necessarily be attended to; the mind must be kept tranquil; and the qualities of those substances we administer, be particularly attended to. Another point may be worthy of observation, namely, the propriety of exciting the peristaltic motion of the intestines by such medicines as are not calculated to excite too powerfully the action of their muscular coats. Probably, the best mode of accomplishing this may be through the medium of injections; but I have no intention of establishing any position from the result of a solitary case, and shall leave any further comments upon it to your more literary Correspondents.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT is always with concern, that we observe the pages of your useful Journal, in place of being occupied with facts, or observations tending to the improvement or the more general diffusion of science, filled with a detail of practices perfectly familiar to every tyro in the school of medicine. We would not be thought by this to discourage unassuming merit, or to insinuate that practitioners ought never to publish the result of their professional experience respecting the virtues of any medicine, or the success of any particular method of treatment, although in very general use; our intention is merely to reprobate the custom of obtruding on the public, as the result of much reflection, and with all the pomp of discovery, opinions and modes of practice, which are to be found in every popular treatise on domestic medicine.

These reflections were suggested to our mind, by observing in the Medical and Physical Journal, for October, the adoption of cupping-glasses proposed as a means of eliminating the poison from wounds inflicted by the bites of rabid animals. In early times, suction, as it is erroneously termed, either by the mouth, or by means of appropriate instruments, was much employed, not only for the removal of every kind of poison in wounds, but also the matter in abscesses, and for various other purposes. Modern practitioners have also availed themselves of the same means to answer similar ends; nor has it been unusual with them, as Mr. Hardman would seem to insinuate, (Medical Journal, page 328) to have recourse to the application of cupping glasses after the use of leeches, when the situation of the parts readily admits of it; and when it is necessary to abstract a greater quantity of blood than would otherwise flow from the wounds made by those animals.

On the subject of hydrophobia, even that sagacious physician Celsus, above a thousand years ago, did not rely on suction alone, in such cases; he at the same time recommends the employment either of the actual cautery, or escharotics. Utique autem, observes that author, in describing the treatment necessary to be pursued against the bites of rabid animals, si rabiosus canis fuit, cucurbitula

virus

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virus ejus extrahendum est. Deinde, si locus neque nervosus, neque musculosus est, vulnus id adurendum est. Si uri non potest, sanguinem homini mitti non alienum est. Tum usto quidem vulneri superimponenda, quæ cæteris ustis sunt. Ei vero, quod expertum ignem non est, ea medicamenta, quæ vehementer exedunt. And again, when treating of the bites of vipers, In primis supra vulnus id membrum deligandum est: non tamen nimium vehementer, ne torpeat. Dein venenum extrahendum est. Id cucurbitula optime facit. Neque alienum est, ante scalpello circa vulnus incidere, quo plus vitiati jam sanguinis extrahatur. Si cucurbitula non est, (quod tamen vix incidere potest) tum quodlibet simile vas, quod idem possit. Si ne id quidem est, homo adhibendus est, qui vulnus exsugat. Galen and Hildanus, as well as many other ancient physicians, likewise recommend the same practice; and were it necessary, we might multiply quotations from every modern author who has written on this subject.

Without entering into the pathological question, whether hydrophobia depends on nervous irritation, or on absorption, or detailing the different arguments by which each of these opinions is supported, we shall, at present, only briefly observe, that as we are unacquainted with any mode of practice, on the success of which, after the accession of the complaint, we can certainly depend, so it must be evident that the most important object for consideration is the means of prevention to be employed, after the bite or application of the virus. To accomplish this end, various measures have been employed; but it may be here not improper to caution the younger members of the profession, against implicitly relying on any mode whatever, unless on the removal of the bitten part, either by excision, or, if that be inadmissible, by means of the actual or potential cautery; after which, cupping, ablution, and other auxiliary means may be resorted to with propriety, as affording additional security. We are far, however, from condemning, in every case, the employment of cupping, and other practices, even in the first instance; for as it may sometimes happen, that the injured part is unfavourable for extirpation, or that the patient will not submit to the operation, in such cases, circumstances must decide the preference of the practitioner; but wherever excision can be accomplished, it ought unquestionably to be adopted, as the most certain means of preventing the occurrence of this dreadful malady.

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Since writing the above, we have read the few desultory remarks on Mr. Hume's paper, in the last number of your Journal. Although coinciding in opinion with Mr. Lowe, respecting the inefficiency of cupping as a preventive of hydrophobia, and partaking in some measure of his fears, as to the effect which may be produced on the mind of the young and inexperienced practitioner, by the unqualified recommendation of a practice not wholly to be relied on, we yet conceive it but justice to remark, that in these strictures, the writer appears either to have misunderstood Mr. Hume's meaning, or to have taken an undue advantage of the inaccuracy of his phraseology, in supposing that he intended to recommend cupping as a cure after the accession of the hydrophobic symptoms, since it must, we think, appear sufficiently evident, from the whole scope of the paper in question, that he regards it merely as a prophylactic measure.

In justly reprehending the unqualified praise bestowed by Mr. Hume on the employment of cupping, Mr. Lowe himself seems to have fallen into somewhat a similar error. That caustics, when extensively and properly applied, as well as the excision of the injured part, will prevent the occurrence of the disease, cannot be doubted; but this is saying nothing more than that if the virus be destroyed the infection will not take place. As, however, in the history of this disease, caustics have been known to fail in the hands of the most expert surgeons, so it is always dangerous, in a dreadful malady like that under consideration, exclusively to direct the attention of practitioners to any one prophylactic mean, when every auxiliary in our power should be resorted to, in the smallest degree calculated to afford additional safety to the unfortunate patient. The solitary case related by Mr. Lowe, in support of the security afforded by the application of caustics against hydrophobia, furnishes no decisive testimony in favour of that practice; for even admitting that, in this case, the madness of the dog had been unequivocally ascertained, it does not follow as a certain consequence that hydrophobia would have occurred, had no caustic been applied, since it is well known, that, on an average, not above one patient in twenty, or even upwards, injured by an animal actually rabid, become affected by the disease.

H. *Roxburgensis.*

November 12, 1804.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN my last Communication I transmitted some Remarks on a Memoir in the Medical and Chirurgical Review for January; I now beg leave to add some Observations on the remaining part of that article.

We are told, that a case entered on the minutes of Nov. 20, 1804, at the Vaccine Pock Institution, seems worthy of being recorded, as an instance of the various *non-descript* eruptions which occasionally occur during vaccination. After this pompous introduction, which prepares us to expect something extraordinary, who would imagine that this was nothing but a miliary eruption? This eruption is a very common attendant of every febrile disease; it has been *described over and over again;* and is of very little consequence, unless it falls under the observation of an ignorant practitioner, and is mistaken for the small-pox.

The next article in the Memoir, is one relative to the Harrow cases. These, which have caused another false alarm, are nearly akin to those that occurred at Woolwich; and are the natural offspring of the original false alarm at Portsmouth.

By Mr. Bowen's letter to the Committee of the Vaccine Pock Institution, it appears that he vaccinated his child four years and a half ago, when six weeks old; and was satisfied with the result. In order to strengthen the good opinion he entertained of the practice, and to convince Mrs. Bowen of its infallibility, he had inoculated the child every year since with variolous matter; but without the least effect. The last of these trials took place about twelve months ago.

From these repeated proofs, he fully depended on the efficacy of vaccination; but in October last, having a patient in the small-pox, he was induced to inoculate the child once more with variolous matter; and, to his great surprize, a pustule formed on the arm, attended with head-ach, lassitude, fœtid breath, and a pulse upwards of 150. These symptoms were followed by twenty or thirty eruptions; the greater part of which died away in four or five days. Hence it appears they were miliary eruptions: But there was a pustule on the fore-arm, which proved to be variolous; for, with matter thence obtained, Mr. Bowen

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inoculated another patient, and produced more than a thousand pustules. Many others were inoculated from this patient, with a similar event; and there is no room to doubt that the disease was the small-pox.

Mr. Bowen had taken the cow-pock matter for his infant from a child of the Rev. Mr. Evans, of Harrow; and, being alarmed by the foregoing result of variolous inoculation in his own child, he mentioned the circumstance to Mrs. Evans, who desired him to put her two children to the same test. These, we are told, seemed to have the symptoms of the small-pox in the same manner with Mr. Bowen's little girl; but in one of them they were more strongly marked than in the other.

There was an eruption, which died away in a few days, leaving only a pustule on the arm, which formed itself fully, and was attended with great inflammation. From this local pustule Mr. Bowen inoculated, and again produced the small-pox.

To this account of the two last cases, a letter from the Rev. Mr. Evans, the father of the children, is subjoined; by which it appears, that in one of them, whose case is particularly described, there was a perfect local variolous pustule, from which matter was taken; and that two children inoculated with it had the small-pox. Two lancets were charged with matter from Mr. Evans's child by gentlemen who went from London. The result of their experiments Mr. Evans had not heard.

It is a melancholy reflection, that when the cow-pock has been publicly known more than six years, the inoculated small-pox more than eighty, and the natural small-pox more than a thousand, many important points relative to those disorders are but little understood by the public in general, nor even by the majority of the medical profession. In the present instances, neither Mr. Bowen, nor the parents of the children knew, that a person who has undergone either the small-pox or the cow-pox is capable of having a local variolous pustule in consequence of inoculation; that this pustule may be accompanied with a rash, or a miliary eruption, or even with constitutional indisposition; and that it is capable of yielding variolous matter fit for inoculation.

The falsehoods and exaggerations that derive their origin from this source, when experiments of the foregoing kind are made, are almost incredible. Even when variolous inoculation totally fails, and the vaccine patient re-

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sists the infection of the small-pox, the very experiment gives rise to a variety of false reports.

Several questions were proposed to Mr. Bowen by the Committee of the Vaccine Pock Institution, that have no great tendency to elucidate the point in question; which is, whether the children had the general, or only the local small-pox.

One was, whether the scab left a scar? From this it would seem natural to infer, that if it left a scar, the disease was complete. Another was, whether the child was constitutionally disordered during the *illness?* If there was no constitutional disorder, it cannot well be said there was any illness.

Another question was, "What are the proofs of the child having had the small-pox? In particular, was any child inoculated from him? Here no distinction is made between the inoculation of another subject from the primary or from a secondary pustule; and the answer being given in the affirmative, it was natural for the parents, and even for Mr. Bowen to conclude, that, in the opinion of the Committee of the Vaccine Pock Institution, the child from whom the matter was taken, had the small-pox after the cow-pock. The circumstance of two gentlemen from London taking matter from the pustule on the arm, was sufficient to strengthen that opinion, and to confirm them in their error.

But the principal argument in favor of the opinion entertained by Mr. Bowen and the inhabitants of Harrow, is deduced from the case of Mr. Bowen's child, in whom a secondary pustule appeared. This argument, however, is of but little weight, when we consider how easily this pustule also may have been excited, either by the insertion or contact of variolous matter.

This is a more probable occurrence than some people may suppose; especially in those who are put to the test of a second inoculation; for in such cases there is frequently a considerable degree of itching, which takes place at an early period, and provokes the patient to scratch the arm. Hence a secondary pustule is a common occurrence, occasioned by a secondary inoculation with the nail.

I am far from denying the possibility of a pustulous eruption of the variolous kind, in those who have already had the small-pox or the cow-pox; but it is not a common event. When it happens after variolous inoculation, a number of pustules break out round the primary pustule,

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and form a cluster, which becomes more or less confluent; whereas in Mr. Bowen's child, there was only one solitary pustule on the fore-arm.

It has been very properly remarked, that ere vaccination is condemned, experiments ought to be made before witnesses; and not in a corner. I cannot help thinking also, that they ought to be made before impartial and *disinterested*-witnessess, which medical practitioners can never be. I am far from concluding, that Mr. Bowen was influenced in his decision by any personal consideration; but at the same time it is only justice to mention, that in consequence of this alarm, he has considerably extended his practice, and inoculated nearly two hundred persons with the small-pox; spreading that dreadful disease from Harrow to the metropolis.

Could it be proved, that variolous inoculation will now and then produce a secondary variolous pustule in those who have undergone vaccination, it is of very little consequence, when we consider that the operation is optional, and no longer necessary to be performed.

The next article in the Memoir is the following, communicated by Mr. Freake, from his notes, taken at the time when the cases occurred.

On July the 8th, 1804, he was sent for to attend a child of Mr. Waters, milkman, of Kentish Town, who was dangerously ill of convulsions, of which it died. It had been attacked three days before with the symptoms that usually precede the small-pox. On the 18th of the same month, another child sickened with the small-pox of the confluent kind; from which it recovered with difficulty. On the 3d of August, a third child of the same family sickened with the small-pox, which proved distinct, and terminated favourably.

These three children had been inoculated by Mr. Wetherall, of Highgate, about eighteen months before; who, on inquiry, declared they were inoculated with variolous matter; that they all had the eruptive fever, and a fair shew of pustules.

What will our alarmists say to this? Possibly they may tells us, these children were inoculated with the chicken-pox matter. Admitting this to be the case, it is no argument in favour of variolous inoculation, which gives rise to a much greater number of mistakes, and a much greater number of failures than the inoculation of the cow-pock. The next article is a communication from Dr. Bremer of Berlin, who gives an account of a hundred thousand cases of

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of vaccination, which have come more or less under his cognizance, without a single instance of subsequent small-pox. Dr. Bremer has made some experiments with equine matter, sent to him from Vienna and Milan; and produced a disease resembling the genuine cow-pock to the fourth generation; nevertheless, it seems, he will not confide in it, nor admit the theory which has been offered on the subject. This shews, that prejudice and obstinacy are not entirely confined to the enemies of vaccination.

With respect to Dr. De Carro's letter, an extract of which follows in the same Memoir, I agree with that gentleman, that if the experiments of Drs. Loy, Sacco, and La Font, have not convinced certain sceptics of the origin of the cow-pock, nothing can. Dr. De Carro remarks, as I long ago observed in my Treatise on the Cow-pox, that the proofs in favour of Dr. Jenner's opinion are positive, the proofs to the contrary are negative. Dr. De Carro thinks his correspondent too good a logician not to perceive the difference between such arguments; but we must once more recollect, that there are none so blind as those who will not see.

Experiments made by Dr. Loy and Dr. Sacco in public, in the presence of proper judges and respectable witnesses, cannot fail to convert every candid and unprejudiced opponent. Nevertheless, even in the last number of the Critical Review we meet with one writer, who affects to doubt, or rather to disbelieve this opinion; but, whoever he may be, he can have very little claim to the character of a logician.

That writer enters into a controversy with Dr. Squirrel, respecting the comparative merits of physicians and apothecaries in inoculation. It should, however, be recollected, that there is a third description of medical men, who have a considerable share in inoculation, and to whom it is not a little indebted. It may, perhaps, be difficult to name one considerable improvement in this branch of practice, introduced by any practitioner who was not educated a surgeon.

By this observation, no disrespect is intended to be shewn towards those gentlemen who are educated as physicians. On the contrary, it is with me a subject of deep regret, that men of their talents do not more generally condescend to cultivate the practice.

The next passage in Dr. De Carro's letter is curious and interesting. He says, an English gentleman, Mr. Hamilton, who was Secretary to Lord Elgin, told me, that in reading

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reading M. Auban's report of the cow-pock found in two villages near Constantinople, he had been much struck by the circumstance, either unknown to M. Auban, or not mentioned by him, that these two villages are precisely the place, where seven or eight hundred horses, from the stables of the Grand Seignor, are sent out to graze every year. Is it not very likely, that it is the grease of these horses, which has rendered the cow-pock endemic in those villages?

Dr. De Carro disapproves of a violent style in literary discussions; and perhaps, there is no style more objectionable, except the style of adulation. From the number of answers which have appeared, he thinks Mr. Goldson's pamphlet has caused much mischief in England. It is, however, the decided opinion of most people, and particularly of our most eminent Reviewers, that in consequence of the answers he has called forth, there are few men in England to whom vaccination is more indebted than Mr. Goldson.

Dr. De Carro observes, that matter procured by triturating and dissolving the vaccine crust generally proves successful, particularly in the practice of Dr. Valentin, of Nancy. I have lately received from that learned and enlightened physician and philanthropist, who is now removed to Marseilles on account of his health, two letters; in one of which he informs me, that he had successfully vaccinated in this manner twenty-four persons; among the rest an infant seventeen hours after its birth, whose health did not appear to be in the least affected thereby. In this case the crust was seventy-two days old, in others eighty-three days; yet the vesicle which ensued was as perfect, as if it had been produced by fluid matter taken immediately from the arm.

In the other letter he desires me to acquaint Dr. Jenner, that a considerable number of inoculators, in Paris and the provinces of France, have vaccinated children affected with herpetic eruptions, the scald head, crusta lactea, and other cutaneous diseases, without observing the degeneration of the vaccine vesicles of which Dr. Jenner speaks; that the cow-pock matter taken from those vesicles produced the cow-pock in other subjects; and that both descriptions of patients were preserved from the small-pox. These experiments were repeated, particularly in the hospitals at Paris, in hundreds of individuals; and always with the same result. Hence they conclude, that there must

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must be some extraordinary peculiarities, unknown to them, in the subjects of whom Dr. Jenner speaks.

This is a very valuable testimonial in favour of vaccination, since it proves that it is much less fallacious than might have been apprehended from the experience of Dr. Jenner in Gloucestershire. I have vaccinated numbers of children labouring under such disorders; and have seldom been frustrated in my endeavours to excite the genuine disease.

I therefore congratulate Dr. Jenner and the public on this occasion. Mr. Goldson congratulates himself on having given rise to Dr. Jenner's paper in the Journal. It will be seen, upon examination, that the subject is not altogether new; but Dr. Jenner has here enlarged upon it. Whatever may be its value or importance, it reflects very little honour on Mr. Goldson; for if it was occasioned by his pamphlet, it is only an instance of good springing out of evil.

This is not the first instance on record in the annals of vaccination, nor will it be the last. One has just occurred at Clapham, where, from well-known causes, the practice has not hitherto been very popular. I was lately informed that the small-pox raged in the village, where it was introduced by one of the inhabitants, who had been inoculated at the Small-pox Hospital, and that several persons had fallen victims to the disorder. I therefore wrote to Mr. Gardner, a very respectable surgeon of that place, who, at my request, had undertaken to vaccinate gratuitously under the sanction of the Royal Jennerian Society, desiring to know whether the report was true, and what success he had met with in vaccination.

His reply was, that from all he could learn, the child by whom the small-pox was introduced into Clapham had been inoculated at the Small-pox Hospital; and many others had been inoculated at the same place. The number whom Mr. Gardner had vaccinated gratuitously was but small; owing to a particular shyness in the people of that neighbourhood to submit to vaccination; but the fatality that had just happened there from the small-pox had alarmed them; and they were then beginning to come forward. Mr. Gardner likewise informed me, that all those vaccinated by him have gone on extremely well; and that I might depend on his exertions.

He was faithful to his promise; and I have great reason to congratulate him and myself on his success; for I received another letter from him five days afterwards, with the

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the happy intelligence, that since writing before, he had vaccinated about fifty poor people. Many, however, still declined his offer, because they can so easily be inoculated at the Hospital with what they call the real small-pox. Several other patients from Clapham had within a few days imported fresh cargoes of variolous infection from the same quarter; and those who were previously inoculated there, still laboured under the disease.

Happily, the quarantine laws are now under revision; and it is hoped that a power will be vested in government, if no power is already vested, to subject persons who carry variolous infection about them to those laws. It is also necessary to prohibit the inoculation of that disease, which is now the greatest obstacle to vaccination. Another desirable object is, to settle upon every Inoculator of the Small-pox, and every person connected with institutions for that purpose, a pension for life, equal to the professional emolument he may now receive. This would, perhaps, enable gentlemen to see reasons for discontinuing the inoculation of the small-pox.

The next article in the Review is a Resolution entered into by several gentlemen of the Faculty at Plymouth, "*not to inoculate for the small-pox, excepting after the inoculation for the cow-pox, and that only in peculiar circumstances, where an experiment may be required to satisfy doubting parents.*"

This is precisely what I have long professed, and the opinion I published, which drew on me so much censure and insult. But when I recollect the quarters from which it came, and the modes in which articles, written by an envious opponent, find their way into a Review, I can look on such attacks with proper contempt.

Having shewn that the test of variolous inoculation was not void of danger, and therefore not to be employed wantonly, a writer in the Monthly Review maintains that, according to this doctrine, we are not justifiable in putting children to this test, even at the desire of their parents.

Stulti, dum vitant vitia, in contraria currunt.

Of evils, we are to choose the least; and it is certainly a much smaller evil to vaccinate and variolate every human being, than trust them to the small-pox even under inoculation: But the writer alluded to is guilty of a gross and palpable perversion of truth, when he asserts that there is no danger in the experiment. When I consider such experiments disgraceful, it is because I consider them unnecessary.

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unnecessary. It was unnecessary to be alarmed by such cases as Mr. Goldson's; and if any persons were alarmed by them, it was owing to their ignorance of the subject. If they were not alarmed, such experiments could not have been instituted by them with any other view but that of ostentation, and rendering themselves conspicuous.—Medical practitioners always increase a panic when they appear to feel it themselves.

The Reviewer says, I assign no other reason for calling the practice disgraceful, than that I deem it unnecessary; yet in the next page he admits, I have brought evidence of its having proved fatal. This, he says, happened forty years ago; and not since the introduction of the cow-pox. A case, however, has lately happened in the family of Dr. Stewart, of Plymouth, which occasioned a serious alarm; and, together with other circumstances, induced the gentlemen of Plymouth to adopt my opinion.

The Reviewer (as well as the Reviewer in your own Journal) is inaccurate in considering such occurrences rare; I have mentioned several in my Treatise on the Cow-pox, and in my Answer to Mr. Goldson; and Buchan, in his Treatise on the Small-pox, has also the following case.

"I have known a nurse, who had had the small-pox before, so infected by lying constantly a bed with a child in a bad kind of small-pox, that she had not only a great number of pustules, which broke out all over her body, but afterwards a malignant fever, which terminated in a great number of imposthumes or boils, and from which she narrowly escaped with her life. I mention this to put others upon their guard against the danger of this virulent infection."

The writer in the Monthly Review afterwards affirms, that I allow the insertion of variolous matter to be a more complete test than exposure to the natural infection. This is another misrepresentation. The reason why I call the evidence there adduced still more convincing is, that some of the cases were of longer standing when the test was employed; not that the test of inoculation is more decisive than that of the natural infection. On the contrary, Mr. Goldson and others contend, that inoculation with variolous matter is not the strongest test. He should, however, have recollected, that the vaccine patients put to that test at the Small-pox Hospital, were exposed to the full infection of the small-pox, in the way of effluvia at the same time; and even shook hands with those who laboured under

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der the disease. This has also been done in every part of the metropolis with impunity.

The Reviewer accuses me of unequivocally condemning a farther examination of the preventive powers of the cow-pock. This is a false accusation, and must be known to be such, to all who have read my pamphlet with proper attention. I encouraged the test of inoculation with variolous matter till the public had confidence in the practice; I still encouraged the test of exposure to natural infection; which I considered more safe to the patient, and equally satisfactory to others. It is probable, no practitioner has so strenuously recommended this test, and few have had so many patients to whom they could recommend it. A writer in one Review, who also espouses the part of Mr. Goldson, gravely asserts, that if Mr. Dunning had declined putting his patients to the test of variolation it might have been excuseable, because he had so often put them to the test of the natural infection; for me, who had much oftener put my patients to the same test, no excuse was to be admitted.

Such reflections from such quarters I can easily bear, while I have the consolation to find, that some of those who were foremost in submitting their vaccine patients to the touchstone of variolous inoculation are now sensible of their error; and come forward to caution others against the same hazardous attempt.

The next article in the Medical and Chirurgical Review contains some opinions that are well-founded, and may be considered as genuine; others that are ill-founded, and may be considered as spurious. Among the first we may reckon the opinion, that a second, or if necessary, a third inoculation of the cow-pock, is a good counter-proof; among the second we may reckon the opinion, that the cow-pock cannot occur a second time.

In the next article we are informed, Mr. Goldson has ascertained by experiment, that the cow-pock produced by inoculation in the hand is blue; this is what I told that gentleman long ago. It seems, however, still necessary to tell him, that a blue cow-pock yields the same matter as a cow-pock of any other colour. The quality of the matter is no more altered from its being contained in a blue pustule, than the quality of wine from its being contained in a blue decanter.

An article has at length found its way into the aforesaid Review, that was formerly inserted in this, and in the Medical Review. It is said to come from Prof. Nessi, of Pavia.

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Pavia. It asserts the antiquity of the cow-pock, on the authority of Marias, first bishop of Lausanne. I long ago pointed out this error; and remarked, that the disease alluded to is the murrain. This error has also crept into the Bibliotheque Britannique.

While the failures, or apparent failures, of vaccine inoculation are resounded on every side, it would be a dereliction of duty not to enumerate some of the failures, or apparent failures, of variolous inoculation. I shall therefore occasionally make an addition to the catalogue I have already commenced.

1. Mr. Wood, of the Swan, in Portland Street, was nursed for the small-pox when a child. He has lately had the disorder in rather a severe degree.

2. In my last I mentioned the case of Mrs. Smith of Kensington. Another young woman was inoculated with her, from the same subject; and was supposed to have the disease in a regular manner. Two years after, she went to see her sister, who was recovering from the small pox; and, conceiving there was no danger, slept in the sheets which had been used by her sister; in consequence of which she caught the small-pox and died.

3. Mr. Geary, No. 7, Dean Street, Soho, was inoculated for the small-pox when seven years old, and apparently had the disorder, attended with great constitutional indisposition. He had had the chicken-pox in his infancy, otherwise this affection might have been supposed to be mistaken for the small-pox. When ten years old, he caught the small-pox, and had a very heavy burden, leaving considerable marks behind.

4. The case of Mr. Langford, related in vol. 4, of the Memoirs of the Medical Society, has been doubted by some people; but no case on record, of any description, is better authenticated. I know different persons who are well acquainted with the fact. Mrs. Cook, of Kemp's Court, Berwick Street, knew him well, and declares that he was much pitted by the first attack of the distemper; of the second he died.

5. Mr. O'Keeffe's child, No. 58, Lower Sloane Street, was inoculated for the small-pox. A pustule rose, and the medical practitioner who inoculated her declared her to be safe. Two years after, she had the disease in the natural way very severely.

6. The father of Mrs. Barlowe, No. 44, in the same street, was attended for the small-pox when young. He afterwards caught it from his children, had a heavy load, and lost an eye by the disorder.

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7. A child of a gentleman at No. 40, in the same street, after being inoculated for the small-pox, and declared safe, also had the disease.

8. A relation of an eminent physician, who was inoculated by the late Dr. Glass, of Exeter, and declared safe, afterwards had the same disease in the natural way.

9. A son of Mr. Giles, No. 6, Water-lane, Blackfriars, was inoculated for the small-pox. His arm rose, and an eruption took place, with which the medical practitioner and the parents were satisfied. Four years after this, he died of the small-pox.

10. Mr. Chamberlaine, surgeon, of Clerkenwell, was attended in a disease which was declared to be the small-pox by two eminent physicians; he since had that affection in a most unquestionable manner.

11. A similar instance occurred in an aunt of Mr. Hurlock, surgeon, of St. Paul's Church-yard. The first and second attack were such, as to leave no room for doubt that she really had the small-pox twice.

12. A child of Mr. Britain, in Little Portland-street, was inoculated for the small-pox by a respectable practitioner, and considered safe; but has since had the disease.

13. The case related in the Medical Journal for May, 1801, by Mr. Purton, of Alcester, is incontrovertible.

14 Another case is there alluded to, which Mr. Purton says was well authenticated, and sufficient to stagger the firmest sceptic.

15. Mrs. Chamberlaine, No. 14, Maiden-lane, Wood-street, had the confluent small-pox when a year old; but whilst nursing one of her children, she sickened, and had about twenty pustules. Her constitutional indisposition was so considerable, that she afterwards went through a course of physic. She since nursed another of her children in the small-pox, and a similar eruption, together with similar constitutional symptoms, occurred; on which account she submitted to another course of physic.

16. One of her daughters, when a year old, slept in the same room with another child who died of the small-pox. She sickened, and had an eruption, which the medical gentleman attending her supposed to be the same disorder. A year after she caught the disorder, and had a heavy burden.

These cases will suffice for the present; others shall appear in due time, if occasion should require. They are the best answer to those who look for infallibility in any practitioner, or any practice.

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I am now favoured with a very valuable and interesting work, entitled, A Report on the Progress of Vaccine Inoculation in Bengal; by John Shoolbred, Superintendant-General of Vaccine Inoculation. This work was printed at Calcutta; and has been reprinted in London.

The following is an Extract from the proceedings of the Governor General in Council, dated May 3, 1804.

"Ordered, That the Report on the Progress of Vaccination in Bengal, and in the provinces subject to the immediate authority of this Government, from the period of its introduction in 1802, to the end of the year 1803, submitted to the Medical Board at Fort William, by Mr. J. Shoolbred, Superintendant-General of Vaccine Inoculation, be published for general information, at the expence of the Hon. Company; and that Mr. Shoolbred be desired to superintend the publication.

"The Governor General entertains a just sense of the zeal, diligence, and ability manifested by Mr. Shoolbred, in the discharge of the important duty committed to him, as Superintendant-General of Vaccination. The Report submitted to Government by Mr. Shoolbred, affords abundant evidence of the difficulties opposed to the preservation and extension of the benefits of Dr. Jenner's discovery in this country; as well as of the indefatigable assiduity and public spirit, with which every obstacle to the success of the orders of Government has been encountered and surmounted by Mr. Shoolbred, and by his predecessor, Mr. William Russell.

"The support and assistance which Mr. Shoolbred has received from the medical profession, and from others residing as well at Calcutta as in the distant provinces, are highly creditable to the gentlemen whose exertions are noticed in Mr. Shoolbred's Report; and the success with which those laudable and disinterested exertions have already been attended, affords a reasonable ground of expectation, that the invaluable benefits of Dr. Jenner's discovery will be preserved in perpetuity in these extensive and populous provinces; and that they will in time be disseminated through every part of Asia."

[To be continued.]

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

AMONG the publications devoted to the advancement of science or professional practice, there is, perhaps, none in which that end has been so successfully pursued, as the MEDICAL and PHYSICAL JOURNAL. It has been the first to propagate every remarkable invention or discovery lately added to surgery or medicine; it has become a centre of professional correspondence for the whole medical World. Through the medium of this Work, you have deservedly gained an authority that renders your approbation, to a man of scientific or professional ambition, highly desirable—your express or implied censure, what every practitioner in medicine would most anxiously strive to escape

Without moderation, delicacy, and prudence, you could not, Gentlemen, have raised your publication to such eminence; nor have acquired so very extensively the confidence of your brethren in the same profession. It is a task of no common delicacy to please, for so long a period, such a number of correspondents and readers; to watch so effectually against being made the instruments of the interested views, the prejudices, the mutual jealousies, which naturally arise among such an host of professional men; to maintain that elevated propriety of conduct as Editors, which can alone give general satisfaction, without any sacrifice of impartiality, truth, or steadiness, in the prosecution of the proper objects of an undertaking such as yours.

And yet, Gentlemen, you must pardon me the observation, that even your vigilance and candour have not been in every instance exempted from the accustomed fate of all human excellence. Your desire to vindicate the dignity of medical practice; or reluctance, perhaps, to exclude *even unsuitable communications* from a Correspondent, who, for aught I know, may be in other respects highly respectable; has betrayed you to admit into some late Numbers of your Work, a series of LETTERS "*On* QUACKS *and* EMPIRICISM," which I should hope, that few arguments can *now* be necessary to prove to you, to have been MUCH TOO INCONSIDERATELY HAZARDED. Be not offended with the frankness of this remark: it is not offered to insult either your judgment or your honour. *Aliquando bonus*

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bonus dormitat Homerus. You stand greatly above the want of my *praise:* and you are much too liberal in your sentiments, not to forgive a little friendly censure hinted to you with deference and respect.

In his fifth letter, your Correspondent pretends to give the history of Dr. WILLIAM BRODUM. In honour, in candour, you will not deny me the indulgence of calling your attention to the injustice and inconsistency of what he has made the MEDICAL and PHYSICAL JOURNAL, a channel to communicate respecting this well-known practitioner in Medicine.

If I mistake not your Correspondent's aim, he wishes to brand Dr. BRODUM as a QUACK and EMPIRIC, by representing his BIRTH, his EDUCATION, his RELIGION, his FAVOURITE MEDICINES and PROFESSIONAL PRACTICE; but especially the arts of advertisements and popularity, by which he has risen to wealth and reputation, as all conspiring to render it impossible that he should prescribe with success or safety.

I. The FIRST thing which astonishes me, in considering this attack on a living practitioner in medicine, is, that so many opprobrious assertions should be offered, without the declaration of the name of him who makes them; without exact reference to the authority of any other credible witness; in fact, without one grain of evidence, but what is to be found in the *ipse dixit* of an anonymous writer, who is plainly too warm with passion, too frequent in self-contradictions, too careless in his references even to printed authorities, to leave it possible for candour to receive, upon his testimony, one proposition, however trivial, that he does not demonstrate by incontrovertible extrinsic proofs.

II. Dr. BRODUM's BIRTH and RELIGION are among the first subjects on which turns your Correspondent's reproach. "The doctor was the son of Jewish parents, was born on the Continent, has become a convert to the Christian faith."—He *was* born a Jew! and is it so dishonourable to be of the same national descent, which was preferred by the Son of God, when he revealed himself on earth for the salvation of mankind? Is it not to the *immediate communication* of men, who were all by nation Jews, that we owe the Holy Scriptures, the fundamental code of all divine and human wisdom? Who but Jews were the most eminent physicians, chemists, surgeons, and apothecaries, in the earliest ages of the practice of these several professions in modern Europe? Even the nobility of England and Ireland, the highest in the world, derive honour from

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the families of Jewish descent and alliance which might be named among them. Among those eminent gentlemen, bankers, and merchants, whose presence constitutes the pride and prosperity of the city of London, how very considerable a proportion are Jews? Even your Correspondent himself has not failed to mention with due honour, the names of a Goldsmid, a Solomon, a Sequeira, a Myers, an Eliaçon! Surely, gentlemen, when the prejudices of rank, religion, national diversity, trade and profession, have been generally exploded, which, to the common mischief of humanity, so long divided man from man, and inflamed the heart of one son of Adam against another; it is not for you, or your friends, to maintain, that "*Dr.* BRODUM *cannot be a skilful and liberal physician, merely because he was born a* JEW.

But, still worse! "*Dr.* BRODUM *was born in Copenhagen!*" The assertion is given on no authority; and it is utterly false! Yet, what, if he had been born in Copenhagen? Is this also a reproach? Is this another of your Correspondent's reasons, why it is impossible that Dr. BRODUM can be a skilful physician? And was it impossible for this Novelist of Medical Biography to wreak his spleen without insulting the natives of a country, to which so large a proportion of the old gentry and yeomanry of England trace back their ancestors? A country that, of any other in Europe, has certainly furnished its full complement of men, eminent not only in medicine, but in every branch of erudition, science, and arts!

Above all, your Correspondent is indignant against Dr. Brodum, *because he has become a convert to the Christian faith.* What! because the Doctor was born of Jewish parents, he is not to be allowed to practise medicine reputably! Because, like Luke, the evangelist and physician, he has examined and embraced Christianity, he cannot be a good physician! What would this calumniator have? "Brodum mustbe neither a Jew nor a Christian." Yes, it is too plainly against the success, against the very existence of Dr. Brodum, that this fierce and inconsistent *bellum ad internecionem* is waged. He must not be either Jew or Christian, because he has been fortunate in the practice of medicine, and in the sale of some popular remedies!

"But he obtained the degree of Doctor in Medicine by DISINGENUOUS PRETENCES; and obtained it from the University of Aberdeen; an University that deals out its medical honours without having due regard to the talents and merits of the candidates."

Both

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Both these assertions, Gentlemen, appear from the very tenor of your Correspondent's own narrative, not to be true. Your Correspondent himself says, that Dr. Brodum's "*genius and perseverance surmounted every obstacle*" that stood in the way of his promotion to the highest medical honours. But, it is essential to the very existence of TRUE GENIUS to be incapable of descending to little dishonest arts. He allows, that Dr. Leo recommended Dr. Brodum to those attentions of science, friendship, and professional honour, to which he owed his degree as Doctor in Medicine. Dr. Leo's discernment or integrity he has not dared to impeach; and we have no reason to think that he would have spared a gentleman who was so much the friend of Dr. Brodum, had not that gentleman's character and abilities been altogether blameless and unassailable. But, if Dr. Leo was neither so weak-minded as to be himself imposed upon; nor so false and deceitful, as knowingly to impose upon others: it must of necessity follow, that there was no imposture, no disingenuous pretence, no art of which a man of honour can have reason to be ashamed, in the steps which were taken to procure for Dr. Brodum those medical honours which your Correspondent envies him. But it was not Dr. Leo alone who must either *have imposed*, or *have been imposed upon*, if Dr. Brodum was undeservedly recommended to the University of Aberdeen. Brodum's talents, his knowledge, his professional experience, his authenticated certificates of character, were examined by *another* physician, one of the best and most discerning men, and one of the most eminent physicians in this or any country, — examined by him, — and approved.

Yet a *third time*, his claims to the honour of graduation were to be examined, and by a body of the most upright, ingenuous, and judicious men, of whom science and learning have ever, in any country, had to boast, — by the members of the University of Aberdeen. Thus Brodum's claims had to pass, successively, through three different ordeals. Thrice were they investigated by persons, not in conspiracy to support them, not interested to allow them at all hazards, — notoriously incapable of being easily deceived themselves, and infinitely above the suspicion of becoming parties to any deceit that should impose upon others. How dares your Correspondent to throw out, in such a case, the aspersion of imposture? Knows he any thing at all of the laws of Evidence, or the possibilities of human conduct? Surely, if he does;

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he must be ashamed to have ever advanced any thing insinuating, that there was *imposture* in the manner in which Dr. Brodum obtained his degree.

I cannot pass from this part of my observations without observing in Dr. Brodum's favour, that, by your Correspondent's own acknowledgment, his right to the honour of Doctor in Medicine, came, even a fourth time, under investigation, when he began to recommend his famous patent medicine by frequent advertisements in the newspapers. The delicacy of some of the members of the University of Aberdeen took a momentary offence at this; they were induced anew, to inquire whether they had not been imposed upon when they honoured the Doctor with his degree. There was a disposition to find out something against the Doctor. The University inquired of themselves; they wrote to request that the physicians who had recommended Brodum to their notice, would renew their inquiries. All this was done; and the result only satisfied the University, that they had done well at first; and that Brodum could do them nothing but honour in wearing the dignity with which they had invested him. How can your Correspondent be so absurdly outrageous, as to question Brodum's title to honours which he has not obtained and preserved without as regular and as impartial an examination of his right to them, as ever any medical man was subjected to?

III. The next charge which this writer has introduced into the Medical and Physical Journal, relates to the medicines which Dr. Brodum sold; to the arts by which he raised himself to notoriety and fame; to the destruction of lives, which the calumniator would insinuate that the doctor occasioned by his practice, after he had been so honoured by the University of Aberdeen. The Doctor's "*Nervous Cordial*," and his "*Botanical Syrup*," are described as useless nostrums; powerless to do good or harm; preparations from vegetable substances, long before known in medicine, and included among the formulary prescriptions of physicians. Yet, in a rhapsody about Judas Iscariot, and the Witch of Endor, and the Professors of Aberdeen, it is more than insinuated that Dr. Brodum has destroyed his patients by them. And that same Correspondent of yours, who says, that the *Botanical Syrup* is a preparation long famous among regular physicians, scruples not elsewhere to allege, that Dr. Brodum was guilty of fraudulent quackery in recommending it so boldly by public advertisement.

To

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To these daring accusations, Gentlemen, I would, by your leave, answer,

1. That Dr. Brodum's "Nervous Cordial," and "Botanical Syrup," are most certainly nothing more than particular mixtures and combinations of ingredients of vegetable origin, which, both separately and in composition, have been, for centuries, among the most famous remedies in which the power of medicine has been confessed. They are invigorating and nourishing. They have been known, ever to act with the most salutary efficacy upon constitutions in a state of general relaxation and decay. They have never gone into discredit. The more that they have been analysed by chemistry; the more that they have been tried under different theories of medical opinion; so much the more has their fame increased. At present, when bark, wine, and so many saccharine and mucilaginous preparations are so much in use, these very calumniated remedies of Brodum's are more than ever allied to the best and most fashionable medical practice.

2. The "Nervous Cordial," and "Botanical Syrup," were never prescribed by Dr. Brodum, mysteriously or with a secrecy, as if he had been afraid of being detected in something wrong if it should have come to be known how he prepared them. He obtained his *Patent Right*, not till after the Law-Officers of the Crown had duly enquired into the innocence and usefulness of the preparations of which the property was so secured to him. His *specification* was duly enrolled; and left, for the satisfaction of the public, at the proper offices. If the preparations were not of Brodum's invention? why does no other person come forward, quote the specification, and demonstrate that it specifies nothing new? If those preparations were noxious; why did no humane and patriotic physician; why did not this zealous and passionate Correspondent of yours, stand forth, quote the specification, and shew, that the author deserved punishment as a poisoner; not honor and reward as an inventor,—one of those great men, *qui vitam excoluere per artes?*

3dly. If any have ever perished victims to the Doctor's inexperience, or to the pernicious quality of his medicines; why have there been no complaints? Were there none who left surviving friends or relations to resent their death, and warn others against confiding health and life to the man by whose guilt and ignorance those persons had fallen? How is it that the reputation of Dr. Brodum himself, and of his remedies, has gone on from year to

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year increasing? How is it that your Correspondent has not one unfortunate case out of the whole period of Dr. Brodum's practice, to produce against him?

4thly. The same things cannot be both noxious and uselessly harmless. In ascribing such contradictory qualities to Brodum's medicines, your Correspondent evinces that he is not more eager to accuse than destitute of all matter of accusation.

5thly. Dr. Brodum wrote prescriptions, and gave directions for care and regimen, at the same time that he sold his Patent-Medicines. He did not trust to the blind use of his remedies, without any distinction of cases and of circumstances. Let his prescriptions and directions be produced against him, if they were those merely of poisoning, assassinating quackery! Have none of them been preserved? Has the keenness of your Correspondent's malice been able to discover nothing of this sort that could have justified his accusations? Or, how can it be consistent with reason and justice, to blame that man as a quack, who gave advice and prescriptions together with his medicines; and whose advice and prescriptions no one can, by *specific* and direct facts, prove to have been ignorant or injudicious?

6thly. To seek professional notoriety by advertisements in the newspapers, is said by many of those who value themselves on the character of regular physicians, to be wrong. But, what are the occasions so industriously sought for nominal mention in the newspapers, the whispers against a neighbour's fame, and to one's own honour? what are these, and the innumerable other arts or means of artifice, in common use among active young physicians,—but so many less open, less ingenuously frank, and by consequence less honourable, and more discreditable ADVERTISEMENTS? The use of newspaper advertisements between those who want aid or accommodations, and those who can supply them, is not a shift of imposture, but a grand improvement in the facilities of trade and social intercourse. No knave can appeal to the public in advertisements with impunity. Societies, œconomical, scientific, and charitable; merchants throughout all the departments of trade, wholesale and retail; the government of every free country, in all its transactions of domestic management or foreign arrangement; men in every condition of life, and in every mode of professional employment; have considered it as perfectly honourable and convenient to

seek

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seek that public notoriety through the channel of the newspapers.

We sometimes see at the Old Bailey, that a witness labouring to prevaricate and swear falsely, betrays himself unawares, by revealing some truth which destroys his whole system of perjuries; and such has been the fate of your Correspondent! He allows to Brodum, genius, shrewd sagacity, a love of fame, a taste for magnificence, a heart open to charity! And these are qualities which the Doctor undeniably possesses. But is it possible, that these qualities should co-exist in the same character with the foolish, the odious, the criminal ones, which your Correspondent, at the same time, imputes to him? Of such an union, there is certainly no recorded example, even from Adam down to Dr. Brodum. A few grains of common sense might have taught your Correspondent to preserve a more plausible congruity in his fictions. But this imperfection is just such another as that by which he runs into such unreasonable digressions; quotes books which never existed; ascribes the composition of Gil Blas to the Marquis D'Argens; and finds the geographical situation of a fountain of Arcadia, in America!

Dr. Brodum's late visit to those parts of the Continent, where he had lived in early life, affords still another topic of falsehood and reproach to your Correspondent. Nor can he display his malice here against Brodum, without going to disturb the ashes of the Empress-Queen of Germany, and of the late King of Prussia. This accuser blames the Doctor as having been guilty of an heinous crime in taking letters of credit to secure to him ample supplies of money, while he should be on his travels! Ridiculous! He would, no doubt, have been much better pleased, if Brodum had been obliged to go abroad to starve! But what was there contemptible? what was there dishonest? what was there ridiculous? in his taking in his pocket a letter of credit for fifty thousand rix-dollars? Was Dr. Brodum to blame, if Dr. F's letter of credit was for 100l. only? Dr. Brodum's tour was one of pleasure and of liberal and scientific enquiry, not at all one of ambition. Whereever he went, he met from the great and the learned, that flattering reception to which his manners, his figure, and his celebrity entitled him. His notice was courted by men of science in Russia. He lived on friendly terms with the most eminent physicians, and with noblemen of the first fashion, at Copenhagen. At Berlin, his conversation was acceptable in the highest circles. At Paris,

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Paris, Bonaparte readily gave him audience; Fourcroy honoured his medicines with a sanction which has never been prostituted to any unworthy purpose; Chaptal gave him a flattering reception; and he found Berthollet partial to his, as to every other invention that came from England.

Allow me, now, Gentlemen, to conclude with mentioning a few *real* particulars of Dr. Brodum's life. He was born and received his early education near Heidelberg, in Germany. He was instructed in medicine and surgery at several Universities in the Dutch Provinces. He then served as a surgeon's mate and as a surgeon in the navy of Holland during the American war. He was present in the engagement off the Dogger-Bank. He went in the same service to the West Indies. In Surinam, he gained reputation and money by remarkable success in the cure of dysentery. He came afterwards, by the chance of service, into employment among his countrymen, the Hessian troops, who were in the British service in America. On his return to Europe, he went for a time to the Continent, there spent the savings of his service abroad, and then returned almost pennyless to England, and with little or no knowledge of the English language. In these unhappy circumstances, he was glad to become assistant to Mr. Lamert. After a few months, he left Mr. Lamert, and went to try his fortune, alone, at Portsmouth. Lamert recalled him to London, with offers of equal partnership. He soon aspired above the practice and reputation of his partner; obtained suitable recommendation from his masters in Holland; and upon those, and other satisfactory testimonies, the honour of graduation by the University of Aberdeen. He then procured the king's letters-patent, to secure to him the sole property of his *nervous cordial* and *vegetable syrup;* and courted fame and business by frequent advertisements in the news-papers. His medicines became known: the prescriptions with which he accompanied them were valued still more highly. Fame, fortune, and envious abuse have followed. Dr. Brodum having risen to opulence, amid splendid expence, has some time since sold his patent medicines, and his whole business as a medicine vender. Some time after he found himself rich and free, was given to a journey to those scenes which he delighted to remember on the Continent. But, he could not think to settle for the remainder of his life elsewhere than in England. He now resides in a very handsome house in Bernard Street, Brunswick-square, Bloomsbury. He lives in the social converse of his

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his friends, among whom he numbers most men of professional or fashionable eminence in London; and in such practice of his profession, as his former celebrity still continues to force upon him, even while he would gladly shun it. The weakest, but the most malicious attack ever made upon him was in January last by your correspondent, whom I have taken the trouble to refute. Dr. Brodum only laughed, and cried, "Go! go! poor devil! sure there is room enough for thee and me both in the wide world." But his friends have insisted, that it is for the interest of truth and of charity, that calumnies so gross should be expressly refuted. It is for this purpose I address myself to your honour and candour, Gentlemen, and earnestly wish your immediate insertion of what I have here written. In this, you will exceedingly oblige,

Your's, &c.

*****

P. S. I have subscribed my name for your satisfaction, and that you may communicate it upon suitable private inquiry; but I should not wish it to be given to the public till the calumniator, whose abuse it refutes, shall openly come forward.

The following is a copy of a letter from Dr. Leo to the Editors. The original is in the hands of the publisher.

"Gentlemen,

"Reading in the Letter 'Of Quacks and Empiricism,' in No. 71, of the Medical and Physical Journal, signed Ietros, that *Dr. Leo was made the tool to carry on Dr. Brodum's impostures;* you will, I trust, do me the justice to contradict such assertion, when I assure you, that my exertion in favor of Dr. Brodum, arose from various letters of medical gentlemen on the Continent, whom I knew, particularly from Dr. D'Haen of Utrecht, Dr. Nierop of Amsterdam, and Dr Meyers of Surinam, at which latter place the Doctor had practised with success, strongly recommending the Doctor's professional skill and abilities to my notice, whose interest as a foreigner and a stranger, with such recommendations from my friends, I considered as no more than my duty to espouse without fee or reward.

"I am, &c.

"L. LEO, M.D.

"Physician to the Portuguese Hospital, &c. &c."

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CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Some recent Cases of Small-Pox subsequent to Vaccination; to which are added, Experiments to ascertain the Effects of Vaccinating in the Hand, in imitation of the casual Disease; with Facts and Observations on the Effect of Eruptive Diseases in removing the Security derived from the Cow-Pox. By W. GOLDSON, Member of the Royal College of Surgeons, London. 8vo. pp. 134.

WHEN we consider the immense progress of vaccination, we shall be surprised that this should be the first serious opposition to one of the greatest novelties that medicine has ever encountered. If we compare it with inoculation, the opposition seems as nothing; if we add to this, the vast proportion of subjects that have been vaccinated, in comparison of those who were inoculated, we shall at once be disposed to respect the good sense of the public, and exalt our security from vaccination.

When inoculation was first introduced, though sanctioned by royal example and the opinion of the most esteemed practitioners, its progress was slow. This was not to be wondered at, because its success was much lessened by the erroneous method of treatment. When the Suttons added to the operation the treatment recommended by Sydenham, the encouragement of the public kept pace with their increased success. Still, however, there were instances in which inoculation, with all these advantages, failed, and few parents or practitioners consented to or undertook the operation without a certain degree of anxiety. The experience of a Dimsdale had also decided that the operation was less successful before a child had arrived at two years of age, till which time a mother could not part with the offspring of her womb without increased solicitude.

At length the genius and perseverance of a Jenner, by turning to a proper use what was before known, obviated all these difficulties, and the public received a boon, the value of which they instantly learned to appreciate. The success bore down all opposition, and the public mind seemed only divided, who should most promote the advantages of so laudable a discovery. In the midst of this security, whilst the friends of humanity were looking forward to the extinction of so dreadful a malady, a new alarm arose; the more serious, as it reduced every thing to uncertainty.

We cannot help lamenting, that the gentleman who first started these doubts was not treated with more delicacy. We are aware too, that it will be said, our Journal has been the vehicle of some severe

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severe suggestions. But we trust candour will impute this to our determined impartiality, as we have not been less ready in admitting whatever was offered on either side. And if we thought it our duty to admit the most free discussions from all our correspondents, we shall not be less careful in offering the most impartial review of the work before us.

The preliminary remarks show, that the author is somewhat sore from the treatment he has met; if it produces here and there a little asperity of language, however venial it may be, as we could wish such passages had been omitted, we shall avoid bringing them forward. A much more important remark arises from a quotation from Dr. Jenner's account of the progress of *equination*, viz. that such a process proved "a security from the small-pox for six years, but not for twenty years." We must add, however, that when the small-pox appeared in the last case, it wanted some of the characters of the genuine disease.

The author now begins with a detail of his former cases. As he admits the case of Mr. Grant's child was less prominent in its features than some of the others, we shall dismiss it without those remarks which he has thought proper to subjoin. Nor do we think it necessary to dwell on the report of the French physicians, which proves that vaccination was a security for more than a twelvemonth. Dr. Rollo's cases are next brought forward, with some remarks. These we shall also pass over. Then follow a string of cases communicated by Mr. Crockford, of Lewes in Sussex, from which we are not perfectly aware what inferences our author would draw. Five children in the same family were inoculated at the same time, having been vaccinated at different periods. In all, a local effect was produced; but in one, who stands on the earliest list for vaccination, no constitutional symptoms appeared. He is therefore in a similar predicament with the one whose vaccination is of the latest date. In short, the history of the five Fullers, if it proves any thing, would satisfy us that vaccination is a permanent security from small-pox. Most of the succeeding cases, if they took the small-pox at all, took it about a twelvemonth after vaccination; a circumstance which stands unconfirmed by universal experience, and which is contrary to what our author wishes to establish. However, as every part of the first pamphlet has been already perhaps over-canvassed, we shall forbear to make any other remarks than, that if our author shows a little ill temper in his remarks and quotations, it is not without some provocation. Dr. Rollo's cases are again introduced; and Mr. Goldson seems dissatisfied that the public should suspect so many were inoculated, when by far the greater part were only exposed to the effluvia. After this, we have the cases of the Vaccine Institution, at which equal dissatisfaction is expressed, that they were only inoculated, and not exposed. His reasoning on this subject is to us not perfectly intelligible, nor which way the possibility of receiving casual cow-pox more than once is connected with this part of the question.

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The author now enters on some recent cases which have occurred at Portsmouth and other places. These are related with the same apparent accuracy and candour as in his former pamphlet. No. I. as he justly observes, was not varicella; neither, we may add, was it small-pox. From inoculation we sometimes have eruptions which do not maturate, but die away on the 5th day with a warty scurf on the apex; but such is never the case in casual small-pox, which was all the patient was subjected to. No. II. is liable to the same objection; in casual small-pox the eruptions never die away on the 5th day. We wish the case inoculated from this subject had been described more fully. However, we shall for the present admit that small-pox was produced by inoculating from an unsatisfactory case. No. III. is in all material points similar to the former. No. IV. is a communication from Mr. Dunning, of Plymouth, giving two similar cases to those above stated by the author of this paper. One was from casual exposure to, the other from inoculation of small-pox, two years and a half after vaccination. Mr. Dunning's inferences from the cases are highly favourable to vaccination. Mr. Goldson thinks differently. It is therefore with particular pleasure we see these gentlemen conduct their correspondence with urbanity on both sides.

No, V. and VI. Mr. Goldson now rests his strong arguments on the Fulwood's Rents cases: as these are admitted to be variolous by most of the friends of vaccination, and as all the particulars have been repeatedly before the public, we shall for the present dismiss them. For other reasons we shall pass over Mr. Goldson's remarks on the subject.

No. VII. of Capt. Simmons's daughter, who was inoculated with small-pox three years after vaccination. The effect was very well worth remarking: the arm, for the first four days, inflamed rapidly; after this, seemed to subside; but on the 8th day all the phenomena attending inoculation in the usual way occurred. No. VIII. is related so loosely, (and without the mentioning any authorities) that we cannot take any notice of it.

No. IX. and X. are two cases of Mr. Bowen, of Harrow. We wish these, like Mr. Dunning's, had been given in the words of the relator, as we have heard them stated differently from the account here given. This account is also extremely imperfect, admitting that it no way deviates from truth. No mention is made of the period between inoculation and the commencement of fever.

Having dismissed his cases, Mr. Goldson now enters into a very useful inquiry, in which we sincerely wish his antagonists had anticipated him. It consists principally of observations on what was called a hybrid disease in the early period of vaccination at the Small-pox Hospital. From these, it appears probable that the constitution may in some instances be subject to an eruption from small-pox after vaccination, and that this eruption shall be found to preserve its own form, which is not only milder, but in other respects different from genuine small-pox. We regret with the author

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thor and Dr. Willan, that this inquiry was not pursued further at the hospital, but doubt not that Mr. Goldson's cases will bring the subject fully under discussion. Some remarks follow on chicken-pox, in which an attempt is made to distinguish it from small-pox. But no external marks are, in our opinion, at all times sufficient to distinguish mild small-pox from severe chicken-pox. The observation that the horny eruptions which have occurred from small-pox after vaccination is different from varicella, is very just.

Our readers will perceive, with pleasure, a prospect of reconciling Mr. Goldson to vaccination. From the above extracts and remarks it will appear, that of the number vaccinated, which is now almost beyond calculation, only a few have shown any symptoms which could arise from small-pox infection, either by inoculation or exposure. Of these, only a single instance or two in the same family had a legitimate small-pox eruption. The rest were cases so different from the true characters of that poison, and generally so similar to each other, that Mr. G. seems disposed to believe vaccination might have been cause of the new character assumed by the disease. But we must observe, contrary to Mr. G's remark, that in the earlier accounts of small-pox inoculation, Mr. G. will find much heavier accusations against that practice, and, as we observed in the beginning, vaccination has been almost universal, whereas inoculation was at first very much confined. Those opposition pamphlets (to inoculation) are now almost forgotten, but, *litera scripta manet*; and whoever will consult the collections of the curious will soon be convinced how much more inoculation had to encounter than vaccination. Still, however, two questions remain undecided; and, for the inquiry into the latter, the public have to thank Mr. Goldson. The first question, Does vaccination ever produce an eruptive disease? The 2d, What is this disease which sometimes occurs after vaccination, capable of producing by insertion a legitimate small-pox, but has itself been uniform in its mildness, and in its character always different from the variolous? In most we believe, if not all the cases, except Fulwood's Rents, the pustules died away prematurely; and even in those cases the progress of the disease was not strictly that of casual small-pox. Yet, that it was of variolous origin, and that it was capable of perpetuating variola, we are not sceptical enough to doubt.

We have next a case of small-pox eight years after casual vaccination. We much regret that this is not related by any medical man who saw the progress of the disease. This case is, however, an awkward introduction to Mr. Goldson's proposal in the next chapter, of vaccinating the hand instead of the arm, in order to imitate the casual cow-pox. We have no doubt that he has seen a difference between the pustule or vesicle in the arm and the hand. The thickness of the cuticle is sufficient to produce this difference, and often does produce it, even in casual small-pox. To make his experiments complete, Mr. G. must vaccinate the arm from the cow.

Next follows a chapter of "facts and observations, submitted to impartial

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impartial investigation." The fact mentioned (page 114) is worth relating, and to the friends of vaccination may prove very useful. Those who think the observations worth perusing must consult the work, as we know not how to analyse or compress them.

Mr. G. next offers the result of observations on the effect of eruptive diseases, in removing the security derived from cow-pox. This is a question we think few people will treat as he proposes. However, every fact has its importance.

The work concludes with some doubts resulting from what the author has seen, and the train of thinking it has produced. We wish the whole had been written with the same temper. We are, however, pleased to see a postscript subjoined, by which it appears, that, like a true Englishman, Mr. Goldson will not permit other people to abuse vaccination, though he may take that liberty himself. In short, if our author is satisfied with imitating the casual cow-pox by vaccinating the hand, we are ready to join hands with him; and if ever, like us, he should prefer the arm, we shall be ready to embrace a proselyte. At all events, we think science much indebted to him for calling our attention to subjects which would otherwise have been overlooked, if not concealed with an unnecessary, we may add an unbecoming, industry.

Outlines of a Plan, calculated to put a Stop to the Progress of the malignant Contagion, which rages on the Shores of the Mediterranean, if, notwithstanding every Precaution to the contrary, it should unfortunately make its Way into this Country; by RICHARD PEARSON, M.D. Octavo, pp. 27. London, 1804.

THE author does not claim the merit of originality in any of the means he recommends, but he endeavours to digest them into a comprehensive system or general plan.

It embraces *Quarantine*, both of goods and persons, strictly enforced; this however being insufficient alone, Dr. P. advises "other precautionary measures to be joined with it; that if, notwithstanding the utmost vigilance to the contrary, the contagion should get ingress into this country, it may be immediately detected and suppressed.

"For the accomplishment of an object of so much moment, it is proposed that Committees of Health be established in all the principal sea-ports throughout the kingdom. They should consist of an adequate number of physicians and surgeons, assisted, according to circumstances, by the magistrates and clergy. Their business should be to examine into the health of the sea-port towns in which they reside; and whenever a febrile disorder breaks out, that seizes in succession three or four individuals residing under the same roof, or having had recent communication with each other; that is rapid in its course, and accompanied with symptoms of unusual malignancy, immediately to resort to the system of *separation, fumigation, &c.* strict orders being at the same time given, to bura

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burn all the bedding and clothes that had been used by the sick; and the house or houses in which such a disorder should occur should be thoroughly fumigated, white-washed, and cleansed. These precautions are the more necessary, inasmuch as the plague, in some of its most fatal forms, and especially on its first breaking out, is not marked by its characteristic eruptions.

"In like manner, there should be instituted a General Board of Health in London, not only as the capital of the united kingdom, and consequently maintaining a frequent communication with every other part, but likewise as the largest port-town. This General Board should use the same vigilance in their inquiries into the health of the port and city of London, as the provincial committees in their respective towns; and should resort to the same means of suppression, in case of a strong suspicion, or actual proofs of infection. All these committees should keep a regular journal of their proceedings, and transmit to government a statement of such proceedings as often as shall appear necessary. It would further be desirable that the General Board of Health should draw up a set of Instructions for the use of the before-mentioned committees, and of medical practitioners in all parts of the kingdom.

"In the above proposals for instituting Committees of Health, I have merely hinted at the measures of *separation*, *fumigation*, &c. without entering into a description of the manner of doing them; these matters having been so amply detailed in various tracts which have been recently published. Indeed, the directions in this respect will constitute a principal part of the business of the before-mentioned committees; and should be minutely set forth in the Instructions published by the General Board of Health in the metropolis.

"Relative to this business, I shall only remark, that the building or buildings hired as a receiving house or houses, (according to the number of the infected) should be situated in open, and, if possible, elevated situations at the extremity of the town, or rather entirely out of it; and that in the event of a sea-port town or inland-port town becoming the seat of infection, *floating lazarettos* (as recommended by Dr. Blane) seem preferable to lazarettos within land. As in the case of the above-mentioned receiving-houses there should be three distinct buildings (unless one building be sufficiently large; in which case, there should be three distinct ranges of apartments) for the *sick*, the *convalescent*, and the *suspected*; so, in the case of floating lazarettos, there should be as many separate vessels for these three different classes of persons."

Dr. P. then proceeds to obviate some objections, and detail some particulars respecting the plague of London and the causes of its extensive propagation, which he doubts not, may, in future, be prevented.

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An Account of two Cases of Gout, which terminated in Death, in Consequence of the external Use of Ice and cold Water. By A. Edlin. 12mo. pp. 24.

Mr. Baker, a surgeon of eminence at Uxbridge, was attacked with regular gout on the feet, on the 22d of July last, which continued nearly stationary for three days, unattended with fever, or any material inconvenience. The fourth night he passed restless and unquiet, the pain and inflammation increasing, but still confined to the feet. At this time Mr. B. who had received a strong and favourable impression of the excellence of cold applications, by perusing the several communications on the subject, with which our correspondent, Dr. Kinglake, has favoured this Journal, resolved to make the experiment himself, and accordingly applied first cold air, then sponging with cold water, and lastly cloths dipped in ice water; with manifest relief of the pain and inflammation. About five hours afterwards the pain was quite gone, and the pulse 78. On getting out of bed, however, a fainting fit came on, which was removed, and he took some breakfast. A slight inflammation was observed in the knees, which was removed by the iced water. Four hours afterwards an attack of alarming symptoms occurred, which is thus related by Mr. Edlin. "At one o'clock in the afternoon I was suddenly called to him again, and found the whole family in a state of the utmost consternation and alarm; on entering his chamber, I found him lying on his back, with a difficult, hurried respiration; his extremities were cold, his pulse quick, fluttering, and intermitting; he complained of a palpitation of the heart, and an icy coldness in the stomach: he had vomited several times, and a cold sweat had broke out on the skin. Some warm brandy and water was immediately given him, and in the mean time a draught with æther, camphorated julep, and opiate confection was prepared; bladders of hot water were now applied to the region of the stomach, the knees, the hands and the feet, in the hope of inducing a return of the disease to the extremities; but, after waiting some time, and no relief being obtained, I gave him the same draught again, with the addition of a scruple of musk. The pain and oppression of the breath now began to decline, and a gentle perspiration broke out on the skin, which continued the remainder of the afternoon."

In the evening, with the advice of Dr. Haworth, the extremities were fomented, and some sleep was obtained; and for two entire days no great change of symptoms occurred: but on the next day, (three entire days from the first cold application) another shivering fit and attack of gout in the stomach took place; and, after lingering three days longer, the patient died.

The above is the principal case here related, in which the writer was an eye witness; the other is less circumstantial, as it happened thirty years ago, and is given only on hearsay evidence, though apparently unimpeachable.

Mr.

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Mr. Edlin makes no comment on this case, considering it as being of itself a most irrefragable argument against Dr. Kinglake's theory and plan of practice. But the testimony of facts is not the only attack which the author makes on Dr. K's system. In endeavouring to dissuade his friend from the rash application of cold, which brought on so calamitous a termination of the disease, Mr. Edlin, it seems, insinuated a doubt of the veracity of the statement made by Dr. Kinglake, which doubt he has not hesitated here to render public. "I hinted," Mr. E. says, "that it was possible these might be fictitious cases, composed for the purpose of explaining a particular theory; and observed, that I was sorry to see him misled by so shallow a performance. However, as I found that he was not disposed to give up either his opinion or his practice, I took my leave, at the same time observing, that I was afraid he would not be convinced till he had drove the complaint to his stomach." Common liberality required of Mr. E. something more than an unsupported insinuation to justify so serious an accusation as that of *case-coining;* and this circumstance completely removes the flimsy veil of candour which the author affects to throw over his narration.

Remarks on the Constitution of the Medical Department of the British Army; with a Detail of Hospital Management, and an Appendix, attempting to explain the Action of Causes in producing Fevers, and the Operation of Remedies in effecting the Cure. By ROBERT JACKSON, M. D. 8vo. pp. 351; with the necessary Tables. London, 1803.

THE Constitution of the medical department occupies about half the volume, and the observations contained in it, we understand, have been duly attended to by the Inspector General of Hospitals. This part concludes with the account of the causes which induced Dr. J. to resign his situation at the Depôt in the Isle of Wight. In this statement the author's modesty induced him to omit several passages in the official documents, which, though highly gratifying to his own feelings, were not essential to his work. He afterwards, however, thought himself compelled, in his own justification, to publish these omitted passages in a letter addressed to the Editor of the Edinburgh Review, where he considered himself as traduced and misrepresented. We are sensible that the Commander in Chief had sufficient cause to express his regret, in the letter in which he accepts Dr. J's resignation, at the loss of the services of so valuable a medical officer; the best, if not the only reparation for such a loss, was the work before us.

It is an attempt to transfer Dr. J's knowledge and experience to the whole medical world; which we deem impossible to be done in a short Essay, or in less time than half a century. The well-educated practitioner, however, cannot fail to profit materially by the hints and observations contained in this short outline of the treatment of FEVER.

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We think it right, before we proceed to analyse the parts of which it consists to observe, that Dr. J. has devoted his whole medical life to the study and investigation of fever; that he has seen this order of diseases longer and more frequently, in a greater variety of climates and under a greater variety of circumstances, than almost any other physician; that, notwithstanding this, there are several classes of febrile patients who have not or could not have fallen under his notice. His patients have generally been *young robust men* in the army or navy. Those species of fever which have principally engaged his attention, were of the most concentrated virulence, and malignant kinds; for he appears to have believed, that if these could be brought under medical controul, milder cases would follow in the train. We must also observe, that Dr. J. generally practised under circumstances which gave him a fair scope for his ability. He had not the weakness of parents, the negligence of nurses, nor the perverseness of patients to contend with. We may presume that his abilities had fair play.—These observations appeared necessary to be premised, in order to place the author and his readers on their just level, so that the one may not be condemned for omitting what he never thought of saying, nor the others disappointed by expecting what it was impossible for the author to say with propriety.

The first part of this Essay is directed to the operation of the causes which produce fever. This subject has puzzled theorists for two thousand years, and probably will exercise their ingenuity for the succeeding two thousand. Dr. J. deemed it necessary to say something on that part of the subject; and we have no doubt that a large majority of his readers will be less pleased with his theory than with his practice. It seems, however, necessary for every author to explain the *terms* he uses; and this can hardly be done so well as in a statement of his system. Dr. J. does not adopt the theory of Cullen, Brown, or Darwin; but he appears to prefer the latter. The principal new term which he has introduced, is, that which denotes the balance and regular movements of all the functions during health, and the derangement of this regularity produced by the causes of fever. As the manner in which these causes produce their effect will probably never be understood, medical writers ever have been, and perhaps ever will be, in the habit of expressing these states of the human frame by some figurative term, which, if happily adapted by a popular author, becomes general among his pupils or followers. A musician would express them by the terms *harmony and discord;* an astronomer, by the terms, *regular and perturbed motions;* a poet, by the terms, *regular and disjointed rhythm.* Dr. Jackson has chosen the latter expression: so that "harmonious rhythm," "natural rhythm," "disturbed or perverted rhymth," occur frequently in this Essay. As it is the chief object of our Journal to convey *practical* information to our readers, we shall refer such as desire to see Dr. J's theoretical opinions to the work itself, and only

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only select a few passages from the practical parts. D. J's principal remedies are, bleeding, emetics, bathing, gestation, bark, wine, opium, and blisters. He appears to value the first of these far more highly than any of his cotemporaries. It is, indeed, generally considered as inadmissible in malignant fevers; but Dr. J. deems it on many occasions to be an essential part of the preparation for his curative means. He says,

"Where the condition is present, which warrants the attempt of arresting the disordered rhythm of movement, previous to the application of causes calculated to excite motions analogous to those of health, the means differ, according to the circumstances of the case and condition of the subject. Of preliminary remedies employed in this view, bleeding and emetics are two of the most powerfully and most generally applicable. When the diseased motions have been arrested, or subverted by the employment of these or other means, the pure air of the atmosphere, the universal and common stimulant of life, is often sufficient to solicit the organic structure to resume its natural action. But, where the power of this fails, or is supposed not to be sufficient to effect the purpose, others, which are of greater force, or which are capable of more direct management, are called in aid. Of these, bleeding, alternate warm and cold bathing, are among the most powerful; and as the manner of using these, and some other remedies, may not have been fully explained by the author in his former publications, he will now attempt to define such circumstances as he had then overlooked altogether, or touched in a hasty manner.

"Bleeding. Bleeding has, perhaps, experienced more revolutions of reputation as a remedy in the cure of fever, than any other remedy which has been employed by physicians. In some ages, and in some countries, it has been considered as the cardinal hinge of medical means; in others it has been, and by some it is even now, regarded with abhorrence, considered as a practice most certainly paving the way for destruction. Such opposite opinions can scarcely be accounted for. They serve to bring disgrace on the medical profession; for, as diseases are fundamentally the same now, which they were fifteen hundred or one hundred years ago, Galen and Sydenham must either be supposed to have been singularly deceived, in reporting so favourably of the effects of this remedy; or we must ourselves be supposed to be precipitate, in condemning, as hurtful, the use of means which they found to be so beneficial. Galen was a man of great knowledge; Sydenham was a man of great candour. If the one reasoned well, the other reported truly. It may be alleged, that their opinions concerning causes biassed their judgment, and led them into error. From such opinions, the present times are not exempted. If Galen was led to the use of the lancet, by a preconceived opinion of plethora, we are deterred from it by a be-

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lief in debility,—an opinion not resting on better foundations than that of plethora, viz. both effects of febrile action,—not causes.

"It must not, therefore, be understood, that BLEEDING is considered by the author as a debilitating process. Its effects are stimulative, relatively according to the circumstances of the subject: and they are extensive, for they are felt in all parts of the circulating system, and consequently, through the whole extent of the animated machine. The abstraction of blood, by its express effect, diminishes the quantity of a body to be moved; and thereby increases the power of the mover: it thus facilitates motion; but this is not all. The diminution of the quantity of blood, and change of movement in consequence of such diminution, is in some manner productive of change of condition at the sources of life: motion is affected,—changed, even suspended; diseased motions are arrested; an opportunity is thereby furnished for the more effective action of those powers, which are provided and expressly calculated for the stimulation of the due action of health. Bleeding, as it is the most manageable power, so it possesses the most absolute influence over animal movement, either as directly effective of a final purpose, or as preparatory to the action of other means necessary to insure the final purpose.

"Among the general circumstances, which influence medical practitioners in the use of bleeding, may be reckoned age and sex. It has been already observed that bleeding is less necessary, where there already exists susceptibility of impression. On this ground, it is less necessary in tender years, and in youth, than in grown persons; or in old persons; less necessary in females than in males. It is also less necessary in persons of a soft, thin skin, a lax and delicate fibre, than in the opposite circumstances. It also has appeared to be less necessary among the inhabitants of champaign, fertile and moist countries, than among the inhabitants of hilly, barren and dry districts. It is less necessary, for the most part, among the rich, luxurious and enfeebled classes of man, with their excesses of sensibility of mind and body, than among the poor, temperate, and hardy rustic;—less necessary in summer, unless in very hot and very dry weather, than in spring; and less necessary in autumn, than in winter.—These are general circumstances, which have, or which ought to have, some influence in forming an opinion concerning the propriety of bleeding;—knowledge of them may often be useful, in directing the proper measure in point of quantity. The particular circumstances belong to particular subjects, under particular forms of malady.

"In the earlier stage of fever, where the pulse, in its motion, is irregular in time and force; in its action, quick, hard, irritated, and labouring to overcome a resistance; or where it is regular in time, but sluggish in action,—oppressed, and without energy, that is, without freedom of expansion and celerity of contraction, the effects of bleeding are equally beneficial, though the conditions be seemingly different. The circumstances, which

accompany

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accompany these opposite states of the pulse, are also different and peculiar. In one, the respiration is quick and hurried,—and the breath is hot; in the other, respiration is oppressed, interrupted with sighing, or connected with a difficulty of expanding the chest,—as if from want of power,—without interruption from pain. The pain of the head, in the one, is rending and tensive, with strong pulsation of the carotid and temporal arteries,—and with great heat on the forehead; in the other it is heavy and dull, with stupor and inability of commanding thought,—with a clammy, and sometimes a cold forehead. The countenance, in the one, is agitated and confused, with marks of agitation, expressive of pain,—sometimes threatning and grim; in the other it is heavy, and torpid, sometimes dark, bloated, and inanimate. In the one the skin is thick, the surface dry and distended; in the other, damp and greasy, without that activity of life, which occurs in natural perspiration. In one the heat is deep, concentrated rather than superficial,—ardent, rather warm; in the other it is often below the just point of heat in health, but its impression is different from that which the heat of a healthy body imparts,—known by the sensation to persons of experience, but not easily described. In one, the pains in the back and limbs are severe, and all the joints seem as if they were broken and unhinged. In the other, there is torpor,—an inability of producing action of effect rather than any excess of pain. In both, the secretions are suspended with a sense of fulness and tumult, or with marks of bloated stagnation and inability. These conditions are different externally; but they are often only parts in the same chain, under different circumstances of expression;—they are under the influence of the same remedy in the processes of cure.

"In the other condition of general fever, where the pulse is open and unconfined, expanding, or as it were rising to the surface, the heat superficial, warm, rather than ardent or pungent; the skin soft, thin, giving an impression of buoyancy and elasticity; the countenance clear; pains, if they exist, of a sharp nature, flying through different parts, but not connected with sensations of weight and oppression, bleeding is not by any means necessary. Such form of disease generally terminates by regular crisis on or before the seventh day, when left to itself, or treated with gentle remedies. If it be determined to cut short its course by forcible means, the abstraction of a small quantity of blood will be serviceable; for by increasing the susceptibility of impression, the means afterwards employed to excite new motions will act with more certain effect. The remedy however is not indispensable; and, where useful, the quantity to be taken away is limited to a measure not exceeding twenty ounces. Such form of disease is more common in mild, moist, and warm weather; among persons not exposed to causes of unusual violence, as excess of cold or heat; persons of soft skins and delicate frames; as females and persons in the higher ranks of life.

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"In fevers of the genuine periodic form, bleeding is a remedy for which there rarely is occasion. Where the intermissions, or remissions are distinct, the paroxysms terminating by copious perspirations, by copious vomitings and bilious evacuations, plethora not existing, and the fibre seeming to possess sensibility to impression, bleeding is by no means necessary: yet, in certain conditions of fever, radically periodic, but, from force of cause or circumstance of subject, not assuming their genuine form, it is often not only useful but indispensable. Where the pulse, in the state of remission, conveys an idea of hardness, confinement, or want of expansion, particularly where connected with a clouded aspect and defective secretions, bleeding is usually followed by distinct intermission; and the disease enters into the common road of cure. Further, in instances of endemic fever, fundamentally periodical, but connected with a dry, thick, and torpid skin, a bloated countenance, suspended secretions, a sluggish and oppressed movement, or an irritated movement without productive effect, bleeding is indispensable; for it is the only remedy with which we are acquainted, capable with any certainty of removing the mask which covers the genuine expression of the disease. It effects a change in the circumstances of movement; the susceptibility of impression is restored; the disease appears in its own character, and yields to ordinary remedies. It is probable, even more than probable, that the fever, which has committed such devastation in America for some years past, was only conditionally malignant, masked by circumstances of a more general or local nature, so as not to appear in its real character. The circumstances of its history prove it incontestably to be endemic; and there is good reason to believe, that bleeding, to the extent here recommended, could have brought it to assume a remitting form, and consequently would have brought it within the reach of common means of cure. Such, at least, was the effect of the treatment proposed in the concentrated endemic of St. Domingo, with which the fever of America seems to have a great resemblance.

"Besides the above rules for regulating the use of bleeding, in the early stage of periodic fevers, there sometimes occurs a condition in these diseases, of very difficult discrimination, but of very great importance to be correctly known. In certain forms of this disease, of a latent malignity of character, the paroxysms sometimes come on unexpectedly with stupor, suspension of sense and motion, or with the evident oppression of some important organ, the head or lungs. Sometimes, there is no visible accompanying tumult in the circulating system; the suspension continues for a given period, and ceases without a visible effect. Sometimes, there is an evident tumult in the circulation,—a marked determination to particular organs:—Evacuation or effusion into a cavity—the head or chest,—is the consequence. In the first, bleeding is not necessary; in the last, prompt and copious bleeding, so as to make a decided change in the existing circumstances of the

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the case, is the only means which can save life. To discriminate such conditions, is not always easy; and they are sometimes, perhaps, in some degree, complicated. In the one case, the neglect of bleeding is destruction; in the other, though it may not be necessary, it is not injurious. In all cases of doubt, it will therefore be advisable to adopt the safer measure, taking away blood where function is merely suspended from a caprice in movement, rather than neglect it, where function is oppressed by quantity, endangering suffocation.

"The fever, which arises from a contagious source, does not appear precisely in the same form, or ordinarily tend to termination by a similar product, with that which arises from endemic causes. The effect is not so strongly and permanently manifested in the grosser circle of circulation. The natural secretions are not usually so completely suspended, during the continuance; and the termination is not so uniformly marked, by an increased evacuation, or distinct crisis. The action of the cause of this disease manifests itself, in the first instance, in the stomach; the functions of which, it in some manner impairs. Its first manifest action, as a febrile irritation, when the cause is not controuled by counteracting circumstances, is perceiveable in the surface of the body, the conditions of which are generally changed in one form or other, either as expressed by an apparent increase, or by an apparent defect of action. The skin and stomach have a radical sympathy; and it is principally upon the stomach and skin, and their connexions, that the cause of contagious fever exerts its force. The skin, in one form of this disease, is hot, sensible, often painful to the touch; it burns, but without strong heat; the face flushes, as from wine or heated air; the eyes appear red; they are hot and painful, sometimes glisten brilliantly; the pains of the head are often severe, sharp, even shooting, but irregular and inconstant; pains fly rapidly through the limbs in explosions; the pulse varies; sometimes it is frequent and quick, even full and open; it rarely expresses a sense of struggling motion as if from resistance, so common in some other fevers: sometimes it is little changed in point of time; but it always expresses some change in condition, though it be not describable in words. There is, upon the whole, something peculiar in the sensation; the motions are of a lighter kind than in endemic fever, and the observer gets an impression, that a different circle of movement is affected; it is not possible to say in what manner. Bleeding is rarely necessary in this fever. In the more concentrated forms which attack with a stupor like apoplexy, or which are accompanied with motions of unusual irritation, it may sometimes be useful as the first remedy. But unless where this is the case, an emetic is more properly first, in order of time, to commence the cure of the contagious fever. It does not indeed often happen, that bleeding is a remedy absolutely necessary in contagious fever; yet it is sometimes useful, and it is by no means destructive, as practitioners seem generally to believe. Wherever the

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the susceptibility of impression is deficient, particularly where such deficiency is connected with an appearance of fulness, a dry and constricted surface, bleeding may not only be safely employed, but, by restoring susceptibility and all its consequences, it eminently tends to render the other means safe and effectual of their purpose. That it should be so seldom necessary, seems to depend upon the mode of action of the morbid cause, which rarely has an operation calculated to absorb the sensibility of the system.

"In the opposite condition of contagious fever, where the countenance is sallow and dull, the skin greasy, damp, dirty, and cold; the eye white, and idiot-like, with a general look of despondence and want of animation; where there are no marks of oppression of organs, or signs of general plethora,—a condition frequent in damp weather, crouded and unventilated places, bleeding is not useful;—it is not certain how far it is safe. In cases of increased mobility, with tremors, faintings, a skin open and free from constriction, it is not only unnecessary, but evidently hurtful.

"Bleeding is useful, is indeed a remedy of the first value in the purely rheumatic fever, particularly as preparatory to the other means of cure, which consist in the various processes and alternations of warm and cold bathing. Here, the quantity must be measured by effect under the operation,—modified according to the circumstances of the case, but carried to the point to insure the effectual operation of the other remedies. It is scarcely necessary to say, that the bleeding must generally be a large one.

(To be continued.)

Account of Diseases in an Eastern District of London, from January 20, to February 20, 1805.

ACUTE DISEASES.		Leucorrhœa	9
Pneumonia	3	Paralysis	2
Peripneumonia Notha	5	Diarrhœa	12
Scarlatina	2	Rheumatismus Chronicus	20
Rheumatismus Acutus	6	PUERPERAL DISEASES.	
CHRONIC DISEASES.		Convulsio	1
Tussis	20	Menorrhagia Lochialis	6
Tussis cum Dyspnœa	32	Enteritis	1
Dyspnœa	15	Ephemera	5
Phthisis Pulmonalis	3	INFANTILE DISEASES.	
Dyspepsia	4	Ophthalmia Purulenta	2
Ascites	2	Vermes	4
Hydrothorax	3	Aphthæ	3
Menorrhagia	7	Erysipelas Infantile	2
Amenorrhœa	8		

MEDICAL

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MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

The EDITORS feel highly gratified in laying before their Readers, the following very important Communications.

"To Dr. JOHN WALKER,
Secretary to the Medical Council, Royal Jennerian Society, London.

"Sir,

"Conceiving that it may correspond with the wishes of the Royal Jennerian Society, I herewith enclose half a dozen copies of the late publication of Government here, as affording no mean prospect of the practicability of carrying vaccination to such an extent as thereby to effect the gradual disappearance of small-pox in British India.

I am Sir,
Your very obedient Servant,
JAMES ANDERSON."

Fort St. George,
August 18, 1804.

GOVERNMENT ADVERTISEMENT.

"PUBLIC DEPARTMENT.

"The Right Honourable the Governor in Council was pleased in an Advertisement, bearing date the 19th of January 1803, to announce to the Native Inhabitants living under the protection of the Government of Fort St. George, the important advantages which were expected to be derived from the practice of vaccination, and the encouragement which His Lordship in Council proposed to afford for the extension of so signal a blessing throughout the territories under this Presidency.

"His Lordship in Council has accordingly had great satisfaction in observing, that the expectation which was formed of the effects of that invaluable discovery, has not been disappointed, as it appears by a statement of patients vaccinated from the month of September 1802, to the month of April 1804, which has been submitted to his Lordship in Council by the Medical Board, that the number amounts to 145,840 persons, without the occurrence of any casualty.

"His Lordship in Council being impressed with confidence, that the statement which has been prepared, cannot fail to produce conviction in the minds of the Native Inhabitants, of the safety and efficacy of the vaccined disease, his Lordship has accordingly directed that it shall be published, and translated into the Native Languages, for the general information of the Inhabitants under this Government."

GENERAL

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GENERAL ABSTRACT *of Persons vaccinated by different Medical Gentlemen, and by Native Practitioners at this Presidency, and at the subordinate Stations subject to the Authority of this Government, from the 1st of September, 1802, to the 30th of April, 1804, without any Casualty.*

	Europeans.		*Bramins.*		*Malabars.*		*Gentoos.*		*Mahometans.*	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Presidency, from Nov. 4, 1802, to April 30, 1804.	19	21	620	370	3526	4349	3584	4132	1462	1327
Centre Division, from March 1, 1803, to April 30.	34	18	1064	717	5070	3032	6232	4296	641	376
South. Division, from Sept. 1, 1802, to April 30.	6	6	231	334	9363	9246	7577	8507	2820	1637
North. Division, from Sept. 1, 1802, to Feb. 29.	6	6	43	32	187	146	698	564	67	36
Mysore Division, from March 1, 1803, to April 30.	10	12	408	314	2571	2231	970	2451	1096	630
Malabar Province, from March 1, 1803, to Jan. 31.	18	9	8	0	1651	428	898	122	693	126
Ceded Districts, in September 1803.	0	0	0	0	2	4	5	0	12	3
Grand Total	93	72	2374	1767	22,370	19,436	19,964	20,072	6791	4135

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	Half Casts		Portuguese		Pariahs.		Maraha-tees.		Cannadies.		Rajaputs.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Presidency, from Nov. 4, 1802, to April 30, 1804.	115	107	117	196	4012	5794	0	0	0	0	0	0
Centre Division, from March 1, 1803, to April 30.	45	7	110	104	2004	1507	43	25	159	86	21	14
South. Division, from Sept. 1, 1802, to April 30.	113	17	75	55	9048	7084	25	55	0	0	55	45
North. Division, from Sept. 1, 1802, to Feb. 29.	0	0	6	6	150	152	0	0	0	0	0	0
Mysore Division, from March 1, 1803, to April 30.	18	20	16	15	3121	3008	153	139	6320	3757	196	131
Malabar Province, from March 1, 1803, to Jan. 31.	0	2	221	111	80	6	0	0	29	16	0	0
Ceded Districts, in September 1803.	0	0	0	0	4	1	0	0	0	0	0	0
Grand Total	291	153	605	487	18,419	17,556	221	219	6508	3859	272	190

Published by Order of the Right Honourable the GOVERNOR in COUNCIL.

G. BUCHAN,
Chief Secretary to Government.

Fort St. George, July 28, 1804.

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" To Dr. WALKER.

" Sir,

" The Royal Jennerian Society having some time ago, through you, forwarded to us copies of their Address for the Extermination of Small-pox, with the Plan, Regulations and Instructions for Vaccine Inoculations; we beg leave to return our best thanks for the communication.

" We congratulate you on the happy success of the adoption and dissemination of the invaluable discovery of Dr. Jenner. The exalted and extensive patronage, which your Society enjoys cannot fail to have due influence over the public opinion, and to overcome the many objections and difficulties suggested by prejudice or ignorance, so that the great body of liberal and enlightened men, who compose your Society, will soon have the sincere satisfaction of seeing the beneficial practice which they recommend, extending itself rapidly over every quarter of the globe.

" With the same views, the Managers of the Public Dispensary of Edinburgh established a Vaccine Institution at that charity, in February 1800, for the gratuitous vaccination of the children of the poor; and appointed us surgeons. Since that time we have inoculated nearly four thousand at the institution, besides a great number at their own houses; and although a great proportion of these children have been inoculated with and repeatedly exposed to the variolous contagion, none have been infected by it. On many children, indeed, who had passed regularly through the process of vaccination, eruptions have appeared at different periods afterwards, which by some ignorant people were supposed to be variolous; but which, upon investigation, uniformly turned out to be chicken-pox. Although in some of these cases, the eruptive fever was very severe; sometimes even attended with convulsions; the consequent eruption very numerous, and in a few cases the last of the pustules did not disappear until the fifth or sixth day.

" These cases were repeatedly visited by many medical practitioners of this place, as well as by ourselves, and none of them entertained any doubt of the disease being chicken-pox.

" Besides the number inoculated at the Dispensary, many thousand parcels of vaccine virus have been sent to different parts of the world.

In May 1803, the Managers of the Dispensary circulated an Address to the Clergy of Scotland, a few copies of which we have taken the liberty to enclose.

" By following the plain directions, which we subjoined to the Address, this reverend and patriotic body of men have saved many thousand useful lives by communicating the blessings of vaccination in many remote parts of Scotland, out of the reach of medical aid. Of this fact we are in possession of ample testimony from the reverend gentlemen who have performed the operation themselves, or who have employed some of the most sensible of their parishioners to perform it.

" We

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"We were sorry to see the public mind so much agitated of late, by the publication of the cases of Mr. Goldson and others, tending to create doubts of the efficacy of vaccination as a preventive of small-pox; but we are convinced that the multitude of facts which have been brought forward in contradiction to these publications will prevent them from having any permanent effect, even on the most ignorant or prejudiced.

"We are convinced that the time is not far distant when the efforts of the Royal Jennerian Society, and of those who have followed such a glorious example, will be compleatly successful in exterminating the small-pox, so long the scourge of the human race.

"We have the honor to be,

"SIR,

"Your most obedient servants,

"WM. FARQUHARSON, M.D.

"JAMES BRYCE, Surgeon,

"A. GILLESPIE, Surgeon."

Edinburgh, January 25, 1805.

A curious fact in Natural History has been observed by Dr. G. ANSELMI, Professor of Anatomy at Turin. A snake, called in Italy, Serpe Nero, the Coluber Natrix of Linnæus, is said to be extremely fond of milk, and the country people even pretend that it makes its way into the dairies to gratify its inclination. They even assert, that it is sometimes found entwined round the legs of cows, sucking their teats with such avidity, as to draw blood when their milk is exhausted. Of this fact, which by many had been considered as a popular tale, the Doctor had himself an opportunity of being an eye-witness. "Walking, according to custom," says he, "one morning on the road called the Park, bordered by pastures, containing a great number of sheep and horned cattle, I observed an old but vigorous cow separate from the others, and lowing, with her head raised in the air, her ears erect, and shaking her tail. Surprised at the noise she made, I seated myself on the banks of a stream, and followed her wherever she went with my eyes. After running for some minutes, she suddenly stopped in a sequestered spot, and began to ruminate. Inquisitive to discover the cause, I went to the place. After going into a pond to drink, she came out and waited on the brink for a black snake, which crept from among the brushes, and approaching her, entwined itself round her legs, and began to suck her milk. I observed this phenomenon two successive days, without informing the herdsman. The third day I acquainted him with it, and he told me that for some time the cow kicked at the approach of her calf, and that she could not without difficulty be compelled to suffer it to suck. We took away the snake, which we killed. On the succeeding days, the cow, after in vain waiting for her suckling, ran about the meadow in such a manner that the herdsman was obliged to

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to shut her up." Dr. Anselmi has discovered, that if the teats of cows be washed with a decoction of tobacco, the ravages of these extraordinary depredators may be effectually prevented.

Dr. BLACKLY gives the following recipe as highly efficacious in the cure of dropsy, by external application. R. Saponis, aceti, et spt. vini ana partes æquales. The whole body is to be rubbed with it at bed-time, as long as the patient can bear the application, occasionally giving him brandy or wine. This remedy, joined to the other remedies of dropsies, cures generally in two or three applications; the water disappearing by perspiration. Oedematous legs bound up, with the mixture plentifully rubbed on them, are reduced in size.

M. STRAUSS announces, that a solution of platina, precipitated by ammonia, washed, dried, and exposed to a red heat for half an hour in a covered crucible, may be amalgamated with from five to seven parts of mercury by trituration in a warm mortar. This amalgam may be laid over copper, and the mercury be driven off by heat; a second coating is applied, mixed with chalk, and sprinkled with water, and the plate is again ignited, and afterwards burnished. By this application, copper vessels may be defended from the action of acids.

A new composition for preserving inflammable bodies from the effects of fire, has been made known at Hamburgh, by Professor PALMER. It is composed of one part of sulphur, one of red ochre, and six of a solution of copperas.

Dr. BATTY's Lectures on the Principles and Practice of Midwifery, and on the Diseases of Women and Children, will commence on Monday the 18th of March, at his house in Great Marlborough Street.

Dr. JOHN RUSH has just published a work, entitled Elements of Life, or the Laws of Vital Matter.

Dr. SHADRACH RICKESTON is engaged in a work on the Means of preserving Health and preventing Diseases, founded principally on an attention to the Non-Naturals in Medicine.

To CORRESPONDENTS.

Communications are received from Dr. Girdlestone, Mr. Whately, Mr. Ring, Mr. Cuming, Mr. Harrison, Mr. Simpson, and W. L.

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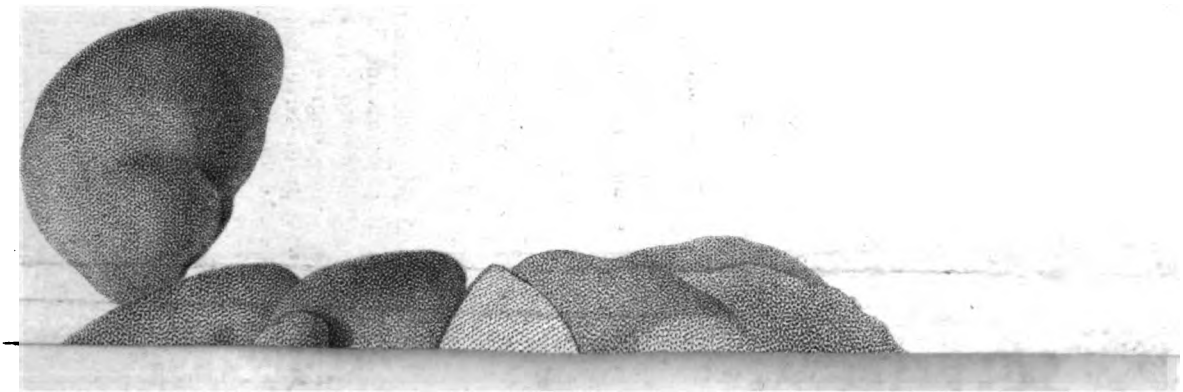
Steatomatous Tumour.

Six pounds, two ounces, avordupois.



Printed for Richard Phillips New Bridge St. April 1805

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THE

Medical and Physical Journal.

VOL. XIII.] APRIL 1, 1805. [NO. LXXIV.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

OBSERVATIONS ON SELECT SUBJECTS IN SURGERY.

BY MR. SIMMONS.

(Continued from pp. 97—108.)

ON STEATOMA.

As the end of all arrangement is utility, the practical advantage of classifying tumours, whose treatment is similar, is not very obvious. Conversely, it is much more valuable to know that certain disorders, though diversified in their external character, are in their nature so analagous, as to yield to a like mode of treatment. Of this sort is the steatoma, a disease akin to several others, which, in their advanced stage, can only be effectually removed by the knife.

This species of tumour originates from the extravasation of fluids into the cellular membrane, which, instead of being absorbed, or converted into pus, receive an imperfect organization by very slow degrees. The growth of the steatoma, though slow, is progressive, until, in some cases, it has arrived to a large size, much larger than what is here recorded. From its low sensibility, it is not apt to inflame, and is rather inconvenient from its bulk than painful. It is confined to no particular situation, though it has happened to me to meet with it most frequently on the back and thighs.

In the early stage of the steatoma, it may be worth while to try the effect of topical remedies, such as stimulants by friction and pressure, in the hope to destroy its feeble vital powers, and render it fit for absorption. Where these and electricity fail, excision is fully warranted.

In the extirpation of a steatoma of a moderate size, a longitudinal incision will commonly give sufficient room to the operator; but, when it is of a large magnitude, it

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will be better to rescind a portion of the integument, or it will pucker by its super-abundance, and hinder an early union. Agreeably to this opinion, I acted in the following case.

A gentleman, near sixty years of age, had a large steatoma, which had sprung from a blow, and increased slowly for thirty years. It was situated upon his neck and shoulders, and occupied a space from the occiput down to the lower angles of the scapulæ, and, anteriorly, was descending towards the clavicle on each side. Alarmed by this, he determined upon its removal, although it was neither inflamed nor painful, and only troublesome to him by its unwieldy size. I began the operation by making two corresponding incisions the whole length of the tumour, so as to include an oval portion of the skin, which was left adhering to it, and then I dissected out the whole, which took up about ten minutes. The arteries divided in the operation, were not secured until now, for I wished him to lose as much blood as was likely to hinder much subsequent inflammation; and he lost, I believe, about twenty ounces. The hæmorrhage however would have been more considerable, but for the activity of my assistants. Before the operation, I had conceived the idea of at once obliterating this immense cavity, by an immediate union between the upper and under surfaces, whence the tumour had been separated; accordingly, the lips of the wound were held together by about thirty stitches; long broad stripes of adhesive plaster were applied in every direction; and over these, bolsters of tow were supported by a moderately tight bandage.

At the first dressing, which took place on the third day, I had every reason to believe that union by the first intention was throughout complete; and in a week he was able to leave the house.

The tumour weighed six pounds two ounces avoirdupois; and the engraving will shew, had the true lobulated appearance of the steatoma.

The only thing remarkable, to which I hope for the attention of the reader in this case, is the method of dressing that was here adopted with full success, and which, upon further experience in cases nearly similar, I can recommend to the adoption of others.

Many years ago, I removed a steatoma that hung pendulous, near a foot in length, from the left labium pudendi, in a young unmarried lady. She was insane at the time, and it is not improbable but her delicacy concerning it,

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it, had proved the cause of that awful visitation; at least, soon after its extirpation, her senses were restored to her; and continued perfect when I last heard of her, at the end of several years. The wound united by the first intention in this case also.

Sarco-Epiplocele.

A middle-aged man, of sober and industrious habits, requested me to look at a swelling on the left side of his scrotum. On examination, it appeared to be an enlargement of the testicle, together with an induration in the epididymis, and an unusual fullness in the cord. The account which he gave of himself, was, that a few months before, he first perceived a small swelling about as big as a walnut, and being told that it was a rupture, himself and others had made strong and frequent ineffectual attempts to reduce it; and these failing, a truss, the pad of which consisted of a solid piece of wood, was placed over the swelling to waste it away, or at least to prevent any further descent of it into the scrotum. At this time, the testicle itself was as large as a middle-sized orange, equal on its surface, and free from pain, even after moderate handling. Hopes of its dispersion being entertained, he was advised to try discutient remedies; and in the use of these, he persisted for some time, but without any advantage. Indeed, the swelling of the testicle augmented very rapidly a short time previously to the operation, which, therefore, at his own request, I performed upon him on the 30th of March, 1804. In cutting down to secure the spermatic cord, a portion of omentum that lay anterior to it, immediately protruded; on turning up the omentum, the cord appeared quite sound a little after its exit from the testicle; here, therefore, the ligature was applied round the whole cord at once, which was then divided just below. After this, he felt very little pain in the excision of the testicle. The state of the omentum was next enquired into; when the supposed indurated epididymis, which indeed was entirely wanting, turned out to be a diseased portion of omentum, a large quantity of which had insinuated itself into the tunica vaginalis, but did not adhere to the testis. As none of it could be returned, it was removed close to the ring with a pair of scissars; however, without the ensuing of any hemorrhage, so that no ligature was required upon any of its vessels. The lips of the wound were held in contact

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by the interrupted suture; and the customary dressings applied.

The morning after the operation, the pulse being hard and full, he lost sixteen ounces of blood from the arm; and as it was sizy, and the pulse would bear it, the bleeding was repeated in the evening to the quantity of twelve ounces. On the following morning, his bowels were copiously emptied by a saline purgative. On the third day, the tension and redness in the course of the cord were pretty considerable; and as his pulse did not indicate general bleeding, fifteen leeches were laid upon the part; and, early the next morning, the purgative was repeated. On the fifth day, suppuration had commenced; and he began with the bark. And, on the eleventh, the ligature came away; after which the discharge gradually subsided, and, in a month, the wound was completely healed.

This case proved more complicated in the treatment of it, than was at first imagined. On the supposition of an intestinal hernia, he was enjoined to keep his bed for several days prior to the performance of the operation, and, by his own account, there was reason to believe that something that had prolapsed into the scrotum, had re-ascended into the abdomen, during his confinement. But this could not have been the omentum; because, after it had become indurated, it could not have quitted the tunica vaginalis. It was most likely therefore a turn of intestine, that had slipped down occasionally behind the omentum.

The morbid alteration which the testicle itself had undergone, was evidently of a scrofulous nature; hence some may be disposed to carp at the employment of the term *sarcocele*, as being contrary to its usual technical acceptation. But, I shall not dispute about a name. The inner structure of the testicle was evidently *carnous*; yet, so elastic on pressure, as, a few days before the operation, to mislead us to the introduction of the trocar, conjecturing that there might be water, in order to ascertain the real state of the testicle; however, no water was evacuated, nor was he at all prejudiced by the attempt.

He first perceived the descent of this testicle in his thirty-seventh year; and looking upon it as a defect, through mistaken and false delicacy, by endeavouring to conceal it, he unfortunately fell into improper hands. Much of the mischief that ensued may doubtless be ascribed to the rude violence with which it was treated; at least, the patient himself always declared, even while I was trying to preserve it, that it had been so ill-used that nothing could save

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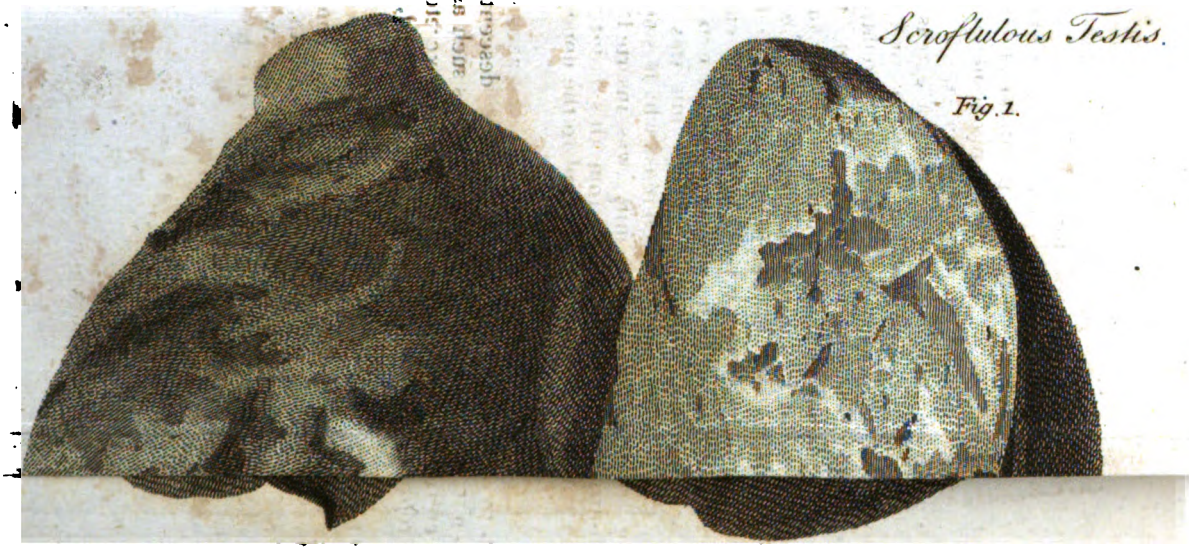

Scroftulous Testis.

Fig. 1.

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save it; and, consistently with this declaration, he solicited its removal from the first.

Such instances as this are, I apprehend, not very common, though the works of practical writers are not without records of the injury sustained by mistaking a testicle, while detained in the groin, for a hernia or bubo. Certainly, in the present case, the descent was unusually late; and it might be amusing, if not profitable, to enquire a little into the cause of so singular a phenomenon; for, as far I can recollect, no physiologist has yet investigated the subject with much precision. We have reason to believe, that the peculiar mode of existence, and functions assigned to every organ, have an intimate relation to its internal structure; and that if by any accident the organization of a part should be materially altered, a reciprocal alteration of function will necessarily ensue. Agreeably to this position, the detention of the testicle within the abdomen, for so many years beyond the usual time of the descent of it into the scrotum, may be explained. I have before observed, that the epididymis was wanting; nor is that all, for the vas deferens, which should have sprung from the upper extremity, was inserted into the very bottom of the testis, and from this point took a direction round the body of the gland to the upper extremity, and from thence passed forward through the ring with the rest of the cord. To this *lusus naturæ* I should be disposed to ascribe the irregularity of the descent in this case; not, however, that the deviation was such as to hinder secretion, or obstruct the office of the excretory duct.

To represent the circumstances just mentioned, as well as the appearances assumed by scrofula in the testicle, when laid open by a longitudinal incision, I have caused a coloured drawing to be made. And also a second, to depict the indurated portion of omentum: in both, the suffused redness was probably owing to the trocar, which must have passed through the omentum into the body of the testicle.

Scirrhus Testicle.

To elucidate the history, or convey in words a distinct idea of the alteration of structure produced in a glandular part by scirrhus and cancer, may justly be reckoned a vain attempt; for, as far as language is descriptive of morbid appearances, the subject, in my opinion, is already exhausted. Perhaps something may be done by the art of painting, but even of this my expectations are but

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moderate. Some time anterior to the above case of scrofulous testis, I had come to the resolution to procure a series of coloured drawings relative to scirrhus and cancer, and I have introduced that here, as introductory to the two following, which are all I at present possess. In the first is shewn the morbid appearance exhibited by scirrhus in a testicle, which was extirpated from a middle-aged man, soon after the former operation. This disease had existed for seven years, yet, until a few months before the excision was performed, the testicle was but inconsiderably enlarged, though to the touch it presented a stony hardness, was craggy, and painful after handling. Subsequently the pain increased, with exacerbations at irregular intervals, and the enlargement proceeded very rapidly. Still, as the cord was apparently free from disease, I proposed the operation to him without delay, to which he readily submitted; and the wound was healed within a reasonable time. But when the wound was nearly closed, a severe pain fixed in the right hip, and a tensive opake swelling pervaded the thigh and leg on the same side; these however yielded to leeching, a blister over the pained part, and fomentations and spirituous embrocations generally to the extremity; and, lastly, as the tensiveness abated, a moderately tight roller was duly applied.

Open Cancer.

The second drawing exhibits a specimen of open cancer, which occurred in an elderly woman who had borne many children The disease was in the state represented when she first offered at the Infirmary; the axillary glands were much enlarged, and the whole arm was tumefied. In a former instance of ulcerated cancer of the mamma, the tumefaction began in the hand, and ascended by degrees up the arm to the shoulder; and the cool or tensive state of the skin of the hand over the knuckles, very certainly indicated the calm, or irritated state of the breast itself. In the present case, however, the direction of the swelling was reversed, and it descended from the shoulder down to the hand, without any distinguishing affection of the skin over the knuckles

[To be continued.]

To

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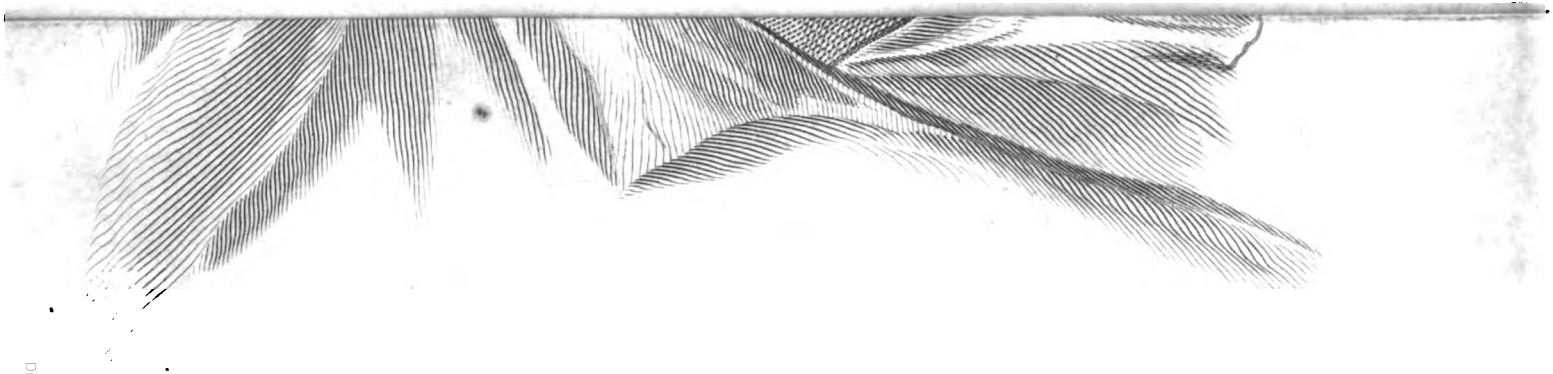
Open Cancer.



Pub. by Richard Phillips. *6. New Bridge Street, March 1. 1805.*

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I HAVE taken the liberty to transmit you a Case of Fractured Skull, which strikes me as somewhat singular, from so great an extent of injury not requiring the operation of the trepan, which if, in your judgments, you may deem worthy of a place in your monthly publication, I will thank you to insert it. I have not the vanity to suppose, that to the greater part of your readers it can afford the least information; but as I feel myself that I have derived considerable instruction from the case, I conceive it probable that some of the younger branches of the profession may be led, under similar circumstances, to withhold the use of the instruments, and spare their patients a great deal of pain and a tedious recovery. The case is as follows: A soldier, without the least provocation, struck his comrade who was asleep, and lying upon a form rather in liquor, with a flat piece of iron, about two feet and a half in length, and about six pounds weight, upon the parietal bone, two inches and a half in a perpendicular direction above the extreme edge of the external ear; the scalp was divided nearly three inches longitudinally, and the fracture continued the whole length of the wound, together with the depression of the upper edge of the bone, so that the inferior edge could be very distinctly felt, as well as a small piece of the upper table of the skull, loosely detached, but adhering firmly to the scalp. The blow had divided the continuation of the temporal artery; and as it was some length of time before his situation was discovered, when I went down to him, I found he had lost full two pints of blood. After taking up the artery, and finding the man perfectly sensible, I determined not to use the trephine until the symptoms warranted it; and closing the wound by two stitches, left him for the night. In the morning (being December 4th) I was much pleased to see him entirely free from every appearance of coma, delirium, or even fever; I gave him a saline purge, which operated three or four times copiously. In the evening I repeated my visit; I thought his pulse a little too full, although he did not complain of any pain. I took from his arm sixteen ounces of blood, and he expressed himself "lighter" for its loss. I kept him on very low

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diet, and continued seeing him three or four times during the day; no alarming symptoms occurred. On the fifth day from the accident his pulse felt stronger than I wished it, and I was very particular in my inquiries respecting his feelings; but he assured me he felt as well as usual: however, I considered it better, if possible, to prevent the approach of inflammation, and I bled him to sixteen ounces, as before, and no return of fulness existed afterwards. During the whole time of his illness, his appetite continued very good, and his bowels regular; and as no fever or any other bad symptom was induced, I conceived medicines to be useless. On the 21st of December, I reported him convalescent. The wound was healed in part by the second intention, and in part by granulations, and had every favourable appearance throughout; had I been attentive in bringing the edges together the first evening, I have no doubt but the wound would have healed by the first intention; but it was very late, and I thought the operation was inevitable, which made me neglect it. The patient is now perfectly recovered, and except a little debility from the loss of blood, low diet, &c. &c. is as well as if no accident had happened to him. Had I performed the operation immediately, which I think the nature and extent of the injury fully warranted, I certainly might have produced a greater danger, and probably bad consequences, which the event of the case has clearly proved did not exist in any material degree without it.

I am, &c.

Farnham, Surry, Jan. 2, 1804.

B. G. SNOW.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT is a source of satisfaction to observe, that whilst a number of your Correspondents are tossed on the stormy ocean of controversy, there are others pursuing the pleasurable course of calm investigation; and through the medium of your valuable publication, communicating useful and salutary information; among which, that of Dr. Bardsley requires particular attention; his narration of,

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of, and reflections on, the melanchly catastrophe related in No. 72, can but engage the feelings of every man of humanity, and excite the rising wish, that some remedy may be discovered that will remove so dreadful a disorder as that of rabies canina.

As the Doctor, in p. 163, expresses a hope that there is yet a remedy for this disorder, and seems disposed to try its effects, should it ever fall again to his lot to witness another such case; and that that remedy he judges to be arsenic: I have, to encourage the practice, sent you the following recipe; which I have for some time had in my possession. The following is a literal transcription, and is entitled,

A Receipt for the Bite of a Mad Dog.

Take the leaves of rue, pick them from the stalk, bruise them; six ounces of garlick, picked from the stalk, and bruise them likewise; Venice treacle, or mithridate, and the scrapings of pewter, of each four ounces.

Boil all the above ingredients over a slow fire, in two quarts of strong ale, till one pint be consumed; then keep it in a bottle, close stopt up, and give thereof to a man, or woman, (warm it first) nine spoons full, seven mornings fasting together.

To a dog six spoons full.

This, the author believes, will not, by God's blessing, fail, if it be given within nine days after the biting of a dog.—Apply some of the ingredients from which the liquor was strained to the bitten place.

This recipe was taken out of Colthorpe Church, in Lincolnshire, in 1766, the whole town being bitten by a mad dog; all that took this medicine did well, the rest that did not take it, died. Thus far the copy.

The quantity of rue is not mentioned, nor do I suppose it a matter of importance, the chief ingredient is most probably the pewter, and that from the quantity of arsenic which enters its composition. How far the character given of it may be depended on, cannot, perhaps, at this distance of time, be ascertained. Yet, I hope that neither Dr. B. nor yourselves, will think the communication altogether useless.

I am, &c.

Chatham, Feb. 14, 1805. THOMAS HOPE.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

DR. HEBERDEN, in his elegant Epitome morborum puerilium, asks the following question: "Cum vero cernimus lac uberibus matris à Deo esse præparatum, cur non ars nostra primos faciat cibos lacti quam simillimos?" By this question, the Doctor probably intended an imitation of the degree of heat as well as of the nature of the food. But as no caution is given in his chapter De victu puerorum against heating food too hot, I am induced to submit a few words on this subject to the consideration of your readers. As the secretions of the human body are none of them hotter than the human blood, it is evident that nothing should go hotter than 98 degrees, of Fahrenheit's thermometer, into the stomach of an infant. But as this heat would be considered as cold by most nurses, who are accustomed to drink scalding hot tea, and who are foolish enough to think that there is no nourishment in any food which is not heated to nearly that degree, can it be wondered at, that so many infants have, within the first month, their mouths, throats, and stomachs, scalded into a thrush?

For these last eight or nine years, I have believed that the greatest numbers of aphtha which take place during the first month of infants are ulcerations from scalding hot food. The directions which I have given to mothers are, never to allow their nurse to feed the child without their first examining the warmth of the food, especially during the night, when the nurse, between sleeping and waking, is usually apt to overheat the food.

By attention to this precaution, my own children, and many others in this town, have escaped the thrush. That food impregnated with copper by standing too long in a silver vessel, or by containing any other saline or vegetable acrid, may also occasion aphtha, is not my intention to deny. And I am aware that Dr. Underwood has enumerated the too great heat of the food among the causes which may excite aphtha, though he has not limited the degree of heat at which an infant's food ought to be warmed.

I am, &c.

Yarmouth, Feb. 13, 1805. T. GIRDLESTONE.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

EVERY practitioner must be sensible of the utility of local blood-letting in several inflammatory affections, which cannot with safety be performed but by leeches. It therefore gave me great pleasure to find some of your correspondents, in the Medical and Physical Journal, making their preservation and management a subject of inquiry. Mr. Wilkinson has pretty fully explained what relates to their preservation, management and application: we may, however, expect a good deal of information, with respect to their natural history, from some of your correspondents who reside upon the spot where the leeches in general use are obtained, which is in some part of Norfolk. I recollect, that about eight or nine years ago, leeches were very plenty in Aberdeen; people came from Musselburgh and Edinburgh, hawking them through the apothecaries shops here. They were sold from nine to ten shillings the hundred. They generally had several thousands of them, which they carried in a small cask, or firkin, without any water. They washed them, however, with pure spring water twice every day. When I looked in among them, they appeared all in motion, and were very clean, and free from those slimy skins in the form of small rings, which leeches generally cast off every other day. Their continual motion facilitates this, and helps to keep them clean. From their healthy state with this treatment, I should think that leeches ought to be kept in a large capacious vessel, and when they are cleaned once every day, should have but a small quantity of water round them.

I once bought a hundred leeches from a hawker, which almost all died soon after. When I first got them, they had not that vivacity and strength of motion which sound and healthy leeches have; they were soft and flabby, and did not recoil into a firm knot (when taken up in the hand and pressed a little), which they generally do when in perfect health.

I gave them fresh water every day, and freed them from all slime and filth, yet the water was bloody every morning, and some of them dead. Those that died were quite flabby, their mouths swelled and white, and sometimes several hard knots in different parts of their bodies; but most frequently towards their neck. Upon dissection, these

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these tumours appeared to be owing to black coagulated blood. When the mortality was so great among them, I added a little lump sugar to the water; and, after that, I tried a little peat turf; but nothing that I could think of was of any service in restoring them to health. I found that putting them in the warm rays of the sun gave them a little fresh vigour. As leeches at that time were easy to be had, I was not very anxious of trying experiments with them. It is of the utmost importance to have leeches strong and healthy; the first that are caught, or what are called spring leeches (I am told) are generally stronger than those that are caught in the summer. But very frequently good leeches, after keeping them for some time in quantities together, will turn sickly and die. When this mortality is beginning, the best prophylactic is to separate them into small parties. The first sign of an approaching mortality among leeches, is the water turning bloody: when this appears, they should be instantly separated, kept in small numbers, and supplied regularly once every day with fresh water. From my own observations, I have found that pure spring water, which has run in a brook where it could not be impregnated with metalic substances, is best for keeping them. The water of the upper course of the city of Aberdeen, is much better for preserving leeches than the lower course, where the water is immediately conveyed from the spring; the former is softer, owing to its being exposed to the action of the atmosphere, which deprives it in some degree of its fixed air. Leeches are likewise naturally to be found in brooks where the same water runs, which is a sign of its being more agreeable to them.

I believe, that where leeches are kept in quantities together, the water should be renewed daily, and all the slime and filth well washed away from them; but where a few are only kept in a phial, it is not so absolutely necessary. I have kept six dozen of them together, and not changed the water more than once in three days during the cold weather of winter: but, in summer, it is necessary that they should have fresh water oftener. I have, during cold weather, added water to them almost at the freezing point, without doing them any mischief.

It is also necessary that they should be kept in a well aired place, free from smoke and the effluvia of drugs. An apothecary's shop is one of the worst places for keeping leeches. Leeches are peculiarly delicate, and a very little injures them. Noise of every kind proves hurtful to them

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them, but especially a thunder storm; they are always unwell after it, and very commonly a mortality commences soon after. An apothecary, when he intends to handle leeches, ought always to have his hands clean washed; for the smallest particle of some drugs adhering to the hands, has been known to occasion a mortality amongst them. Motherby, in his Medical Dictionary, observes, that Themison is the first who takes notice of leeches, and refers the curious to the following writers on this subject, viz. Aldrovandus, Gesner, Botallus, Sebezius, Heurnius, Cransius, Schroder, and Stahl. He says, those should be chosen whose backs are striped and bellies spotted, and which are taken from running waters that are clear, and have a sandy bed. He orders the water in which they are kept to be renewed every three or four days at the latest, and a little sugar may be added to the water in which they are kept. The quantity of blood which leeches draw, is always in proportion to their size. A large leech generally draws one ounce of blood; but, by applying cloths wrung out of warm water to the orifice, and encouraging it to bleed, double that quantity may be obtained. But sometimes the orifice will bleed a very great quantity when the wound is on a vascular part. I have been called several times to stop the bleeding of a leech, which I could only effect by a good deal of pressure. The wound is of a triangular shape, and of a lacerated nature; an inflammation attends it for several days, while a small black scab forms upon the orifice, which comes off in eight or nine days. Salt is the article most generally used for making leeches vomit the blood they have sucked; but there is another method of emptying them of blood, which I have seen practised, and that is by drawing them through the fingers, and thereby forcing the blood out. This is called striping leeches; a method which, I believe, is used by the catchers of them at some particular seasons. When a leech is full of blood, all those rings upon their surface are perfectly stretched, and they resemble a cylinder filled with blood. A large leech will sometimes suck so long, and be so distended, that in undergoing the vomiting process it will generally expire; therefore a large leech should never be allowed to continue to suck to that degree, as to exhaust her strength by over distention.

There is a species of leech to be found near Aberdeen, of a large size, and yellow colour. Their backs are of a brownish yellow, and their bellies of a lighter yellow; they are only to be met with in the summer; they are known by the

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the name of horse leeches; people are very much afraid of them when they are barefooted in brooks, where they are to be seen. They imagine, that were they to fix upon them, they would suck all their blood out before they could be removed. These notions have prevented their being applied to any use. One time, when there was a scarcity of leeches, a man brought me half a dozen in a phial, and wished me to apply them to his leg. I was glad of this opportunity of making trial of them; but after using every method I was acquainted with, I could not succeed in making them bite. I even removed part of the cuticle, and tried them upon it; but after several attempts they would not fasten. I then put them into a closet, and did not look at them for several months; I found five of them living, but was much surprized to find one of them gone; because the mouth of the phial was properly secured with a bit of linen rag. In about six weeks after, I missed another; some time afterwards, the third was gone, and then the fourth; which raised my curiosity, and caused me to look rather oftener. I perceived one day, that the two which remained were connected together; one of them appeared dead, and the other living; I looked frequently to see what this phænomenon would end in. The dead leech gradually disappeared, and there remained only one. He continued to live for some time, but appeared to lose his strength gradually, and to turn smaller; at last he died. During the whole time I kept them, which was rather more than a twelvemonth, I only renewed the water twice or three times; yet the water continued pure, sparkling, and free from smell—a small quantity of greenish matter gathered round the sides of the phial. Although my first attempt to make these animals bite proved unsuccessful; yet, as they differ in nothing from those which we get from England but the colour, I am not without hope, but by repeated trials, I may succeed in making them bite, could the prejudices of the people be removed. When they can be had so easily, and appear to be so hardy, could they be employed as a substitute for the other kind, it would not only save a great expence, but also afford us a resource upon all occasions.

When the season arrives that they make their appearance, I shall send a few of them to Mr. Wilkinson for the purpose of making experiments with them.

While writing the above, Feb. 12, 1805, I was sent for to a patient at a place called King's Wells, four miles from Aberdeen,

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Aberdeen, affected with Ascites. They called her Isabel Bisset, an unmarried woman, aged 24. The swelling was so very large that she could not turn on her back, but always lay on her side. Her strength appeared to be almost exhausted, and her pulse was scarcely perceivable: although she was at times very sick and faintish, yet she had never fainted altogether. I have seen a good many cases of ascites, but never any accompanied with such an extraordinary abdominal swelling. It is nearly two years since the swelling was first perceived: she complained then of pain in her right side, accompanied with irregular and copious menstruation. Six months ago, she was seized with vomiting of her food and drink, which continued for three months; her belly increased in size every day; her menses disappeared; her thirst increased, and her urine turned more scanty. She has a stool every day, but is incapable of turning herself in bed; and, when she attempts it, her breath goes almost entirely away; she cannot bear to lie upon her back for one minute. Finding it impossible, in her present condition, to be sent to the hospital, I thought it might be a means of alleviating her distress, to perform the operation of paracentesis. With this intention, I went next day with an assistant, and carried along with me a bandage for compressing the abdomen, somewhat resembling Dr. Monro's; but, instead of leather, it was made of strong unbleached linen, lined with flannel, and strong straps for tying. Her circumference, before I put on the bandage, measured four feet and a half. I marked the place where I intended to introduce the trocar, and cut an opening in the bandage opposite it, which could be opened or shut at pleasure, as it was fastened with pins. During the operation, she was not in the least inclined to faint, but kept her spirits very well, and desired the assistants not to withdraw the pressure, otherwise she could not breath. I drew off from her thirteen Scots pints of water, of a tea-green colour, which is equal to forty-eight English pints. Eight days after she was continuing easier, and feels herself very light, but has not strength to sit up, or much appetite for food.

I am, &c.

ANDREW FERGUSON.

Some

Some Remarks on the Origin and Progress of the malignant Yellow Fever, *as it appeared in the Village of Catskill, State of New York, during the Summer and Autumn of* 1803, *in a Letter from* Dr. Benjamin W. Dwight *to* Dr. Eneas Monson, *of New-Haven, Connecticut.*

(From the Medical Repository of New-York.)

As much pains have been taken, in various newspaper publications, to persuade the people of this country that the yellow fever is never of domestic origin, but an imported disease, I have been induced to state to you some facts which appear to me to support the contrary opinion. It was originally my intention to state, generally, the existence and progress of the disease in this place, during the summer and autumn of the present year, and the manner in which I conceived it to originate; but as I have been informed that some gentlemen, who discover the nature of yellow fever by intuition, and not by observation and reasoning, have doubted the existence of the disease in this place, or have determined, if it did exist, that it must have been imported, I have thought it advisable to state *particularly* some of the first cases which occurred, that every one may judge for himself whether it was yellow fever or not.

The attending physicians were of one opinion as to the nature and origin of the disease. If they were mistaken in their opinions, then the following observations will avail nothing as to the point in debate. If their opinions were correct, then I flatter myself that it will unanswerably appear, from the following observations, that the malignant yellow fever may be, and has been generated here. That its origin is always *domestic*, I am far from believing. That it is sometimes *contagious*, there appears to be good evidence. An instance or two of its contagious nature I could produce. That it was contagious in any instance here, during the present season, there are no good grounds for believing.

The question is very important to be settled. If the disease be imported, the strictest quarantine laws should be made, that this fiend may be prevented from again landing on our shores, and brandishing the sword of destruction over our heads. If it be generated among ourselves, it is a duty incumbent on the legislature to compel people every where to remove all filth, to root out, so far as is practicable,

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practicable, all the causes of vegetable and animal putrefaction, and to cherish cleanliness as a cardinal virtue.

If ever the question is decided, it must be by facts. One important fact is of more avail, and will have more weight with candid men, than all the hypotheses even of the learned Haygarth, or any other the most ingenious physician or philosopher that ever lived. To facts then be the appeal.

Previously to entering upon the subject, I shall make some observations upon the local situation and circumstances of Catskill, and also upon the weather of the summer and autumn. I regret that these will not be more complete. Having resided in the place but a few months, I have not been able to possess myself of all the facts which it might be interesting to know. For a number of them, it is with pleasure that I acknowledge myself indebted to my worthy and ingenious friend, Dr. Croswell.

The village of Catskill, or, as it is usually called in the neighbourhood, Catskill Landing, is situated along the Catskill Creek. This creek empties into the Hudson about six miles below the city of Hudson, and one hundred and twenty-five above New York. Catskill Creek is formed by the junction of the Kaaters'-Kill and the Kaat's-Kill,* two streams of moderate size; the former of which, and not the latter, as is erroneously stated in the Medical Repository, Hex. I. vol. i. p. 310, arises from a pond or lake in the Blue Mountain, and, pursuing a serpentine course, empties its waters into the Kaats' Kill, about three miles from the mouth of Catskill Creek. The latter, if I am correctly informed, arises from a swamp called by the Dutch Eckeson Fly, in the town of Middleburgh, in Schoharie county, and proceeding also in a serpentine direction through Bristol, Rensellaerville, Freehold, Canton, and a part of Catskill, unites w e Kaaters' Kill. The Kaats'-Kill is the largest stream. have rapid currents, and in many places rocky bottoms. both are a number of falls of considerable size and importance; some of which are in no small degree interesting and remarkable.

The creek has a bar of sand at the mouth, over which in common tides, there is about nine feet of water. This bar is the commencement of a small island, situated in the Hudson, a little north-east of the mouth of the creek. Were a wharf erected, extending from the main land, i. e.

* This is often written Catskill.

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from Catskill Point, to and along this island, any ship which could pass the mouth of the Hudson might come to Catskill with entire ease and safety, and be hauled along side the wharfs. Whenever this is done, the growth of Catskill will probably be rapid, as few towns on the Hudson are so advantageously situated for commanding the trade of a great portion of the western country.

The creek, tracing it from its mouth, proceeds in a north-western direction about three-fourths of a mile. It then takes a turn nearly west, and proceeds in this direction thirty or forty rods. After this it takes a second turn nearly north, and proceeds in that direction about three-fourths of a mile. To trace it further is of no consequence to the present design. It is navigable for vessels drawing twelve feet of water about a mile from its mouth, if they can be got over the above-mentioned bar. About a mile from its mouth there is another bar, but sloops of 100 tons may easily pass sixty or eighty rods further. The tide rises, at common tides, from four to six feet, as far up as Van Vechten's mills, about two and a half or three miles from its mouth. About one and a quarter or half a mile from its mouth there are rocks and small rapids which obstruct navigation.

The creek is of different widths in different places; it is generally from twenty to forty rods wide from its mouth to that place where the rocks and rapids commence. After this it is narrower. The current is brisk. There are no low swampy places along its banks, where the water stagnates; the banks being generally abrupt, and considerably higher than the surface of the water.

The water of the creek is soft, and makes a good lather with soap, and is generally used for washing by the inhabitants.

Including dwelling houses of all descriptions, there are more than a hundred in the village, and also a considerable number of stores. These, excepting about six or eight, are situated on the east side of the creek, and principally along one street. This street commences at the bank of the Hudson, and runs about a hundred rods in a north-west direction, near to the creek. Where the creek takes the first turn, as above-mentioned, the street is changed from a north-west course to one near north, and continues in this direction about half a mile. This part of the street is, *generally*, from ten to thirty rods distant from the creek; in some places the distance may be forty rods. After this, the road takes a second turn nearly west, till it reaches

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reaches the bank of the creek, and then pursuing a general north-western *direction*, is continued on the great western turnpike, leading to the Susquehannah river. Where the creek makes the first bend, there is also a short street running nearly parallel to it. On this street stand several houses, and between the houses and the creek a few stores. The ground on which these stores stand, is partly or wholly made ground. At this bend of the creek, a kind of bason is formed, and several families live, as it were, on its brim; or, in other words, some of the houses are situated upon the edge of the bank, or directly down it, one end being at the top, the other end at the bottom. Let this place be remembered, for here the sickness commenced, and around here it made all its ravages. There are some other cross lanes where houses and stores are situated. A number stand near the creek, on no regular street, and a few scattering ones are to be found elsewhere.

That space, or portion of ground, between the east side of the main street and the creek is low, and nearly level, but there is a gradual descent sufficient for conducting off all water to the creek. The eastern side of the street, throughout its whole extent, is bounded by the foot of a hill of some height. This hill has a pretty steep ascent; its height is generally, I should suppose, from fifty to a hundred feet. The northern part of the village is likewise bounded by hills of about the same height. On the western side of the creek, for the space of nearly a mile, the hills are high, and approach close to its edge, there being little or no flat. Above this, the ascent is small. The present settlement is almost entirely hemmed in by hills. The circulation of the air in the summer and autumn is, of course, often languid, and the heat and sultriness of the weather is unpleasant and relaxing.

The soil, both on the hills and in the plains, is, generally, a very fine clay. There are some small patches of loam and sand chiefly on the hills. When a rain falls, the water, instead of settling in the ground, descends in a considerable measure into the flat, and from thence into the creek, or what is not unfrequently the case, settles in the gutters and sunken places in the streets and elsewhere. Here it continues in hot weather till it is evaporated by the heat of the sun. In the course of a few days it becomes covered with a green scum, which is putrid and highly offensive, so as not unfrequently to excite disagreeable sensations in the head and stomach. In long continued hot weather, preceded by considerable rains, and

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aided by other local causes, some severe cases of sickness have, in several instances, been in this way produced. All this might have been prevented by a little pains-taking. By making a sufficient number of sluices, and keeping them free from obstructions, the water might easily be conducted into the creek, and in its course be very advantageously made to cleanse all sewers and drains for conducting off filth.

The well-water in Catskill, and generally in the neighbouring country, is very indifferent. Most of it, as far as my observation has extended, is hard, and abounds in hot weather with animalcules, in shape resembling tad-poles, and not unfrequently with small worms. After standing a little time, it deposits a clayey sediment. By drawing out the water freely, it may be much improved in softness and purity. Possibly all these evils might be remedied, by placing a layer of sand on the outside of the stones, a foot or two in thickness, and extending from the bottom to the top of the well; and another layer at the bottom of the well. This I suggest merely for experiment. I know not that the trial was ever made.

A free use of the water, as drink, is very apt to induce troublesome diarrhœa, especially with such persons as have resided here but a short time.

The people of Catskill live very much crowded together, most of the houses containing two, three, four, or more families.

The number of inhabitants in the village, or in the town of Catskill, which includes *the landing*, Loonenburgh, and several small settlements, cannot be ascertained. The late census, it is said, was very inaccurately taken.

This place is usually as healthy as most other places situated along the Hudson. Albany, Loonenburgh, and Hudson are probably quite as unhealthy, if not more so. Some cases of bilious remitting fever occur almost every season, but they are not usually more frequent, nor attended with more severe symptoms, than the same disease is elsewhere. In a few instances there have been cases of malignant fever, but never any considerable number previous to this season. In most instances they have clearly been owing to local causes, and have generally been confined to those places where such causes operated in an especial manner. Till the present year, the greatest number of cases have occurred in places considerably remote from the wharfs. The reason is obvious. In addition to the stagnant waters in the gutters, &c. as above-mentioned, not more than two years ago a slaughter-house was opened near

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near the middle of the main street, a little east from the road. Here a large number of sheep and neat cattle were slaughtered during the summer season. All the offals were thrown into the yard, and lay there from season to season. After every rain, the water which proceeded from this yard ran into the street, and there became either partially or wholly stagnant. In the neighbourhood of this sink of filth and poison it has, in several instances, been very sickly. Some cases highly malignant have, at times, occurred. In one small house, in particular, so situated as to take more of the stench than any other, Dr. Croswell informs me, that the number of cases of severe sickness, during the existence of this evil, among the several families who have resided in it, have been very remarkable. He could generally determine before-hand, from the weather, and the state of the slaughter yard, and the sewer leading from it, whether these families were to be visited with sickness or not. Some other causes of a similar nature have, at times, existed in other parts of the village, and produced sickness. In those places free from such nuisances, it has, in general, been very healthy. During the present season these evils have ceased to operate. The weather also, from being very dry since about the middle of August, has been unfavourable to the putrefaction of animal and vegetable matter. The consequence has been, that every part of the village, except the one above-mentioned, has been very healthy. Could the town of Catskill obtain an act of incorporation, with an energetic police, it would be of no small benefit.

Had the inhabitants, instead of seating themselves on the flat land by the creek, erected their dwelling houses on the hills, surrounding them in front with clean and spacious court-yards, ornamented with trees, and, in the rear, with good gardens; they would have enjoyed, in addition to a very romantic prospect, an atmosphere seldom exceeded in coolness and purity, and would have lived much more pleasantly in a variety of respects.

Building on the hills has been lately commenced; and the example being set, it will probably be followed by many others.

A predisposing cause, of no inconsiderable power to the diseases of autumn, may be found in the diet of a considerable portion of the inhabitants. Not a small number eat much too freely of *fresh meats;* the market for vegetables is, at times, badly supplied, and many families are in a great measure destitute of gardens; hence they do not

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use a sufficient proportion of vegetable aliment. Very little cyder or good beer is made in this part of the country, of course ardent spirits are used much too freely. The markets, however, in these and other respects, are rapidly improving, and the probability is, that in a short time the supply will be abundant.

Weather.

I proceed now to make a few observations upon the weather. These will necessarily be incomplete. No thermometrical observations are made in the town within my knowledge. Previous to the month of July, a day or two before the commencement of which I arrived here, the state of the weather is unknown to me. Some of the observations which I noted down from time to time since then here, follow.

During the first week in July, the weather was warm, the sky clear, the ground dry. From this time to the 22d, it was, with little exception, intensely hot. I have no recollection of any such long-continued period of extreme heat. The sky was clear, little or no rain fell during the whole time, of course the ground became much parched. The crop of hay in the country around was greatly cut short, in consequence of the drought. From the 22d the weather became cooler, and continued so for a few days. A considerable quantity of rain fell on the 24th. From this time to the 30th it rained every day, and several days largely, so that the earth was soaked with water. During this period also, there was considerable lightning and thunder.

August. From the 1st to the 18th a great quantity of rain fell. During this period it rained oftener than every other day. It descended not in what are called settled rains, but in sudden, and, in some instances, heavy showers, of which there would frequently be several in the course of the day. After the sky became clear, the weather was hot and sultry, the rains not serving to cool and purify the atmosphere at all. The common remark of the inhabitants was, that there was no elasticity in the air. Though I have said that the weather was hot, yet, during the latter part of the time, there were several very cool nights, succeeded by damp, chilly, foggy mornnings, the middle of the day only being very hot. From the 18th to the 25th the evenings and mornings were very cool, and generally very damp, and in several instances there was a thick fog. The 20th there was a white frost

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on some low grounds in the village. The sky, during this period, was generally clear, but several days it was partially overcast with clouds. From this time to the 30th, it was clear and very hot during the day; the evenings were damp and chilly; no rain has fallen since the 18th. From the 30th of August to the 12th of September the weather was cool, but the difference between the heat of mid-day and the coolness of the evening was great; so that a change of clothes was very pleasant. From the 13th to the 20th the weather was warm in the middle of the day, and cool in the morning and evening. The 18th and 19th there were white frosts. From this time to the 25th it was warm—the remainder of the month was cool. All the rain that fell from the 18th of August to the 26th of September did not wet the earth two inches. The 26th a moderate rain.

In the month of February, Dr. Croswell informs me, the scarlatina anginosa began to prevail. It gradually increased till the month of March, when it was uncommonly rife; after this it generally decreased till it disappeared in May. A great number of children, and a considerable number of adults had the disease. It was not malignant, only one person having died of it. The local affection in the throat was, in some instances, however, considerably severe.

In May and June, intermitting fever was uncommonly frequent. More instances of it occurred at this time than during the three preceding years. It yielded very readily to the bark.

In the month of July, a considerable number of cases of cholera infantum occurred, and among adults a few cases of dysentery; but these diseases were neither more prevalent nor malignant than they generally are in this place at the same season of the year.

In the month of August the epidemic, which is the subject of the following remarks, commenced its career. The two first cases occurred on the 10th; the third and fourth on the 11th; the fifth and sixth on the 19th. The four persons who first had the disease, were seized within twenty-four hours of each other. The three who were first seized lived in one house, and they composed the whole of the family at that time.

The first person attacked was Mrs. H. This case I shall relate with a degree of minuteness that may seem to some persons tedious and uninteresting. This I shall do, be-

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cause the case appears to me interesting in itself, and because it is of importance to establish the nature of the disease.

Case. I.

Mrs. H. about forty years of age, has a large frame, but is of a delicate and irritable habit. She has been heretofore much troubled with flatulency and other symptoms of dyspepsia. She began to complain, Wednesday, August 10th, of general indisposition, such as languor, lassitude, want of appetite, and other symptoms, such as usually precede fevers. Not long after, a chilly fit came on. The symptoms soon becoming more urgent, Dr. Croswell was sent for. He saw her about eleven o'clock A. M. Her pulse was very full, quick, and hard for her habit; her face was considerably swollen and much flushed; her eyes of a fiery red, the vessels being turgid with blood; her tongue was moist and covered with a whitish fur; there was a stinging heat in the skin. She complained of great pain in the fore part of the head, and in the eyes, and about the loins; she was exceedingly restless and uneasy, anxious and desponding; her abdomen was swollen and tense; her distress at the stomach was very severe; she eructated much gas, and constantly called for cold water. He ordered an injection, and administered a dose of calomel.

At five o'clock P. M. Dr. C. having ridden out of town, I was sent for. All the above-mentioned symptoms prevailed to a great degree. She said that she was in no respect easier than in the morning, but rather worse. The injection had operated once or twice, the medicine had not. What medicine had been given, or what purpose it was intended to answer, I could not learn. From the swollen face, the excessive uneasiness at the stomach, and the frequent retching, I was inclined to think that some poisonous substance had been taken into the stomach, and ventured, notwithstanding the distension of the abdomen, &c. to prescribe an emetic of *tart. emet.* and *ipecac.* At this time came in Dr. C, and approving of what I had done, the emetic was accordingly administered. It did not operate well, though it was apparently of no disservice. The calomel which she had taken in the morning soon after operated freely, but her distress and uneasiness were not at all relieved. Not long after Dr. C. administered a small opiate, and made free use of the aq. ammon. acet. made with a considerable prevalence of the alkali

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tali. Thursday, 11th, he commenced the use of calomel in small and frequent doses, and continued the aq. ammon. acet. Friday, 12th, at three P. M. I visited her in consultation. She was still very restless and uneasy, and complained of excessive burning and extreme sickness at the stomach; made frequent efforts to vomit, and occasionally puked a little greenish matter, which was exceedingly acrid. The inflammatory symptoms were, however, evidently abating. We continued the calomel, and instead of the aq. ammon. acet. commenced a very liberal use of sal. tart. This had an excellent effect. It relieved, to a very considerable degree, the extreme sickness and burning pain in the stomach, which no other medicine appeared to affect at all.

Her drinks were toast water, rice water, and chicken water; in the last of which a strong solution of sal. tart. was administered frequently, and in liberal quantities. The chicken water sat easter upon the stomach than any other food.

In forty-eight hours from the time of seizure, the fur flaked off from the tongue, and left it very red and dry.

Saturday, 13th. She appeared considerably better; her pulse was nearly natural; her countenance had become considerably clear; she was much less restless and desponding; her stomach was less irritable; she conversed rationally. At this time considerable yellowness appeared in her eyes, and a less degree of it over her whole face. We ordered the medicines which were prescribed yesterday to be continued.

Sunday 14th. In the morning she appeared to be still mending. She was nearly or quite free from fever. In the course of the afternoon she became very anxious for her husband, who was severely sick with the same disease. Monday morning her anxiety, on this score, greatly increased. His death, which happened in the afternoon, agitated her exceedingly. At two o'oclock P. M. the countenance had assumed a dingy appearance to a considerable degree. This afternoon she vomited a considerable quantity of black matter resembling coffee grounds. Soon after her vomiting ceased, a violent *hæmorrhage uteri* came on. It was at first very offensive, and in clots. It afterwards became of a more healthy appearance.

Tuesday, 16th. She was extremely feeble and languid; her pulse was frequent and thread-like. Her drinks were chicken broth and porter, wine and brandy, as much of any of them mixed with water as she could be persuaded

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to take. Her medicines were spt. Minder. and occasionally alkalies, and, as necessity indicated, opiates.

17th Her situation was similar to that of yesterday. On the 18th her hæmorrage ceased, and her pulse flagged exceedingly, so that she appeared to be on the borders of death. For three or four days she has lain constantly on her back, with her knees drawn; and whenever sh fell asleep, her feet slipped down over the end of the bed. To-day she sleeps with her eyes half closed, and her chin fallen. She has had two or three stools every day for some time past, naturally, or procured by injection. Soon after the hæmorrhage had wholly ceased, the black-vomit came on again, resembling very exactly coffee grounds, except that it was of a little darker colour. On the 20th she had black-vomit, which resembled soot sprinkled in mucus, and diluted with water; it was also somewhat flaky.

21st. This morning her tongue was covered with black furr, and black matter appeared around her cheeks and gums. She vomited some blood, as the nurse said, the last night or this morning, and in the evening had a return of the black-vomit. Her perspiration is of a highly cadaverous smell. She is troubled occasionally with singultus, but it is chiefly after taking drinks. She has been frequently delirious within the three or four last days. It was not a delirium of the wild ferocious kind; it resembled silliness or fatuity. She takes nothing except the tinct. opii, and brandy and water. Her respiration is very deep, slow and heavy. The interval between each respiration was about half a minute, her breast rising very much. During the day she made several attempts to get up and walk about the room.

23d. Her hæmorrhage returned; she takes no notice of any thing whatever. About this time an enlargement and induration of the right parotid gland took place, and pretty rapidly increased. Dr. White, of Hudson, who visited her in consultation with us, advised fomentations of warm brandy and vinegar from her feet to her neck. This was done, and repeated once or twice.

Her pulse is fuller, stronger, and more regular than yesterday; her tongue is furred: a feverish heat exists in the skin: she complains of great soreness in the throat, and difficulty of swallowing: she hiccoughs occasionally: her perspiration is cadaverous to a very uncommon degree: her mind is quite rational. During the following night the symptoms were more unfavourable than ever.

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In addition to great debility, she was very incoherent in her ideas, was troubled with frequent hiccoughing, and constant uneasiness at the stomach: her throat grew more and more sore; and her tongue began to assume an aphthous appearance.

25th. This morning she appeared in all respects better, except about her tongue and throat: her pulse is quite regular, is not very frequent, and has considerable firmness: her skin is temperate: her respiration is less difficult: her countenance has some degree of animation in it: she is entirely rational: has had natural stools yesterday and to-day: she had her clothes changed without inconvenience, and relished a cup of coffee; but her tongue was more aphthous. In the evening her pulse was much feebler, and her tongue was covered with aphthæ. To relieve this complaint various gargles were used, but none answersd so effectually as strong gargles of yeast, or yeast mixed with sage tea. Between this time and the 27th, two or three distinct crops of aphthæ successively sprung up, and were subdued. Her throat became extremely troublesome. She had a constant drivelling from the mouth of tough mucus, which was exceedingly nauseous and offensive. The parotid gland had become as large, or larger, than a hen's egg; and very hard: her countenance had been gradually changing from a dingy hue to a deep yellow. Her urine, for a week or more, has been of the colour of strong ley.

29th. She is very uneasy at the stomach, owing, as she supposes, to the mucus from her throat getting into her stomach during sleep. This uneasiness was considerably relieved by alkalies and epispastics. In the course of the forenoon she voided several times urine of a deep green colour. Several persons who saw it, and one of them a lady very intelligent and accurate in her observations, compared it to the colour of the leaves of the yellow pine, or to the dye which is sometimes made in this part of the country from the leaves of hickory. In the afternoon she voided some of a less green colour, part of which I saw. Its colour resembled very exactly that kind of green which the leaves of Indian corn often assume after a drought, in the months of August or September, and which the corn in this part of the country had at this time assumed. It was as thick as common mucilage of gum-arabic. Into a small quantity of it we threw a few grains of the vegetable alkali: no effervescence took place. In the course of the day she expectorated

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two or three tough pieces of concreted mucus, resembling the membrane which is sometimes thrown off from the larynx in cynanche trachealis. In the evening the uneasiness of the stomach increased. Alkalies were continued, and a gentle cathartic of *pulv. rhei.* and *tart. vit.* administered, and an epispastic applied upon the abdomen.

31st. Her tongue is putting on a natural and healthy appearance: her eyes had become of a deep orange-colour, and glassy.

September 1st. She informs me that, from the time she was taken sick to within about four days, she had no recollection of any thing that had passed, excepting a single circumstance respecting her husband's death. From this time she continued to mend slowly: her appetite and strength began gradually to return. She took freely of columbo, bark, wine, &c. In a few days she got quiet sleep without opiates; 13th she rode out; and now, Oct. 10th, enjoys good health.

The enlargement and induration of the parotid gland excited considerable uneasiness and apprehension. At times it was considerably painful, particularly internally. Mercurial frictions were applied below it freely, and after some time it dispersed.

Case II.

The second person who was attacked with this disease was Mr. H. a repectable merchant in this place. He was forty-four years of age, tall, large, and well-proportioned: he was very muscular, and possessed a vigorous habit: his pulse was naturally very full, slow and regular. For several days previous to his sickness he complained of being slightly indisposed; and his brother, who was accustomed to do business with him daily, informs me that, for a week before his seizure, his breath was extremely offensive to the smell. So much was this the case, that he repeatedly advised his taking medicine, lest he should become sick. Wednesday, August 10th, in the morning, he sailed in a sloop up to Hudson. The weather was very hot and sultry. Having considerable business to transact, he walked up and down Hudson streets till he was much fatigued. In the afternoon he spent a little time with some friends, and was unusually cheerful and animated in his conversation. He returned on board the sloop between eight and nine o'clock in the evening. It was damp and chilly on board. She lay becalmed in the river several hours.

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hours. About ten o'clock he was seized with a severe chilly fit, which was soon followed by great pain in the fore part of the head and eyes, in his loins, hips, and thighs; but it was most severe in his knees, and in that part of the leg where the gastrocnemius and soleus muscles unite to form the tendo-achillis. The pain he described as being more severe than all he had suffered in his life before. Early the next morning, viz. August 11th, the vessel returned to Catskill, and he was brought home. About eight A. M. he sent to Dr. Croswell, who found him with a pulse full, slow, and hard: his tongue was covered with a pretty thick whitish furr: he complained of great pain in those parts of the body before-mentioned, but said it was less severe than last night: *his face was considerably swollen* and flushed: his eyes were of a fiery red colour, and greatly pained by light: his skin was very hot: he was extremely sick at the stomach, and complained much of a burning heat in that organ: his bowels were costive.

The Doctor administered an emetic of *tartar emetic* and *ipecac. pulv.* which operated very well, and brought away a considerable quantity of bile. After a proper interval he gave him a liberal dose of calomel, and a second dose in the afternoon: it purged him considerably, but it brought away but little bile. After its operation was over he passed scybals in considerable quantity.

Friday, August 12th. This morning calomel and castor oil were administered, and operated pretty well. I saw him in consultation, at three o'clock P. M. His pains were much less severe; *his face was much swollen*, so that his eyes were half closed. This was so very remarkable that every person who came in observed it, and concluded that all the family must have been poisoned. His skin was hot and dry: his tongue was covered with a thick whitish furr: his pulse was very irregular. The first three or four strokes that I felt were full, slow, and hard: to these succeeded a small quick pulsation, and then a limping or hobbling pulse. Upon examining it a little longer, we found that it was not regular in any respect. The hobbling stroke, however, occurred as often as in one pulsation out of five.

Dr. Rush has, in some of his works, mentioned a pulse of this kind. How he defines it I do not recollect; but in this patient, in whom I observed it frequently, it seemed as though, during the first part of the stroke, there would be a regular full pulsation, but it soon dropped away, and the

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the remainder of the stroke was small, and dragged feebly after. He was very uneasy and restless, was troubled with constant nausea, frequent retching, and occasionally with vomiting. He was continually tossing from one side of the bed to the other; and was considerably stupid. It appeared as if the miasmata which produced the disease had acted with so much virulence and force as to produce, in a great measure, a prostration of excitement.

The propriety of blood-letting was canvassed, but it was thought prudent to defer it. Calomel was ordered in small and frequent doses. The spt. Mind. and occasionally alkalies, were made use of to relieve the stomach sickness. His drinks were the same as in Case I. but chicken water appeared to sit easier upon the stomach than any thing else.

Saturday, 13th. He was in no respect altered for the better, except that he had little or no pain. He was very uneasy. For a minute or two he would sit up, then lie down, and toss about the bed, seeking to find some relief from a change of posture. The whites of his eyes were considerably yellow. His pulse being still too active, blood-letting was again proposed, but it was thought prudent to defer it for a few hours, to take the exacerbation. No distinct remission had taken place since the commencement of the disease, and nothing like exacerbation took place to-day, except that about twelve o'clock, the face became a little more flushed.

Dr. Croswell bled him at this time in the arm, from a large orifice, about ℥x. The blood flowed freely. Three hours after, on examining it, we found a thin dense, livid skin on it, extending over the whole surface. There was not the least separation of the serum and crassamentum. The whole mass was of one uniform appearance and consistence, soft and fragile, like dissolved blood. The skin was removed, and some hours after there was about a teaspoonful of a highly yellowish serum separated, and the mass was a little more firm. It never assumed a florid colour at all. From this may we not infer that a certain healthy state of the blood is necessary in order to imbibe oxygen, or that there is some principle in the blood capable of being destroyed by disease, which, in combination with oxygen, is necessary to produce the red colour of the blood?

His pulse, for two or three hours after bleeding, was regular, soft, and slow; in other words, it was nearly quite natural. It then became one-third more frequent,

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quent, and less full and tremulous. This afternoon, after taking some spt. Mind. and drinking a little beer, he vomited some dark-coloured matter, of a flaky appearance; his stupor greatly increased. Vigorous efforts were made to salivate him. Sinapisms were applied to the feet, and large epispastics to the abdomen and neck. They produced some redness in the skin, but no lymph was raised, except here and there a little of an orange colour. This afternoon entire suppression of urine came on, and no stools could be obtained either by cathartics or the most stimulating injections, though both were administered liberally.

Sunday, 14th. In the morning his stupor had increased almost to coma. A streak of a dingy hue ran up each side of his face, from his neck along the back part of the under jaw to the temple. He had no stools nor urine passed to-day: his tongue had never cleared at all, except that a piece about as big as a half-dime peeled off, and left it red and dry underneath.

Monday morning, all his symptoms were much aggravated. His throat became exceedingly sore, so that he could not swallow a tea spoonful of water without great agitation, and threatening symptoms of strangulation; his respiration was very difficult, and soon became extremely laborious. Subsultus tendinum came on early this morning, and increased till every part of his body was affected with violent convulsions, and he died in vast agitation about four P. M. His face had become of a dirty yellow colour.

Case III.

Emma, servant in Mr. H's family, was next attacked with this disease. She was taken sick early in the morning, Agust 11th. I saw her but twice, and cannot describe her case minutely. Dr. C. informs me, that she complained of great pain in the fore part of the head, and in the eyes, loins, and hips; that her eyes were very red; that she complained much of sickness at the stomach; that her fever was dispossessed of alternate *remissions* and exacerbations: in short, that it was a clearly marked case of yellow fever, but less violent than either of the preceding cases. She was entirely recovered in ten or twelve days.

Case. IV.

About the same time that Emma was seized, Conright Briggs, a ship-carpenter, began to complain of the symptoms of this disease. I did not see him at all during the month

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month of August. Dr. C. considered his as a decided case of the disease. After some time he began to convalesce, and as he recovered his health he used ardent spirits much too freely. He gained strength very slowly indeed. Thursday, the 8th of September, he was employed a considerable part of the day in hunting, in consequence of which he became much fatigued. Sunday, 11th, he walked about town most of the forenoon, making preparations for a journey. The weather was hot, and he complained of being much wearied. About half past four P. M. he was seized with fever. I saw him at this time. His pulse was considerably full, hard, and frequent. His eyes were of a dull, or, perhaps, more properly, of a *yellowish* red: his face was much flushed: his skin imparted a sensation like the incipient stinging of nettles: he complained of no pain or sickness at the stomach, but he was very restless, uneasy, and desponding, and continually tossing about the bed: he was also unusually stupid. His bowels, he said, were very free, and had been so for several days. A small quantity of tartar emetic in solution was administered, together with some warm drinks, which soon sweated him. About an hour after I called in again: he lay quiet, and said he felt much easier, and recollected that he had no stools within two or three days. Calomel was given to operate as a cathartic, and afterwards in small and frequent doses, so as, if possible, to affect the system. I saw him occasionally after this, but not regularly. In the evening an entire suppression of urine took place. During the next evening, viz. 13th, he was affected with black-vomit to a great degree. On the morning of the 14th he threw up an enormous quantity of it. At this time he was extremely stupid. About eleven o'clock A. M. he said he felt much better, and was hungry, and called for some bread and meat. Some person gave him some toast and water, of which he ate a little. He almost instantly became very uneasy. I saw him about this time. He appeared to be much distressed. His eyes were yellow: his countenance had assumed, to a remarkable degree, that tawney hue so frequent in yellow fever: his extremities were cold, and bedewed with clammy sweats: he was affected with violent subsultus tendinum, and died shortly after.

[To be continued.]

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON looking over your Journal for January last, I was astonished at seeing the following paragraph in your Review of Mr. Platt's "Inquiry into the Efficacy of Oxygen in the cure of Syphilis."

——"Mr. Whately's revived notion of ulcers in the urethra is introduced; and Mr. Platt expresses his surprise at an opinion so inconsistent with experience, an accurate knowledge of the parts, and of the disease." Medical and Physical Journal, No. 71. p. 79. I shall now give a *faithful extract* of Mr. Platt's own words, from whence this quotation is taken.——"It is with some degree of surprise, I observed in a very recent publication,* a revival of those opinions which have been considered almost obsolete. It is *there* remarked, that gonorrhœa is *invariably attended with ulcerations in the urethra*. Various authorities are quoted by this gentleman in support of the accuracy of his opinion, but most of those authorities are of a date anterior to the period when any difference on this subject prevailed, &c."†—— I shall next give a *faithful copy* of nearly the whole of page 12 of my Essay on Gonorrhœa, from which this gentleman has made his extract, and expressed so much *surprise*.

"It has been believed, that the gonorrhœa arose most frequently from ulcerations in different parts of the urethra, or the glands adjoining to it; but the researches of modern anatomists seem very nearly to have overthrown this opinion; and it has of late been asserted, that an ulceration of the urethra never takes place in this disease. This doctrine appears to have been first advanced about the year 1750, by that celebrated anatomist the late Dr. William Hunter, who taught it in his lectures. But although it is certainly true, that in *most* instances of gonorrhœa there is *no ulceration* of the urethra; it is equally certain that this is not universally the case, as such a disease does *sometimes, though rarely,* occur. In my own practice, I have in a common gonorrhœa, *now and then,* met with ulcers in the urethra. Where its orifice has been naturally wide, I have *several times* distinctly seen them,

* Whately's Practical Observations on the Gonorrhœa Virulenta, p. 12.
† See Platt's Inquiry into the Efficacy of Oxygen, &c. p. 19.

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both a little within, and at the extremity of this canal. In a *few other cases*, I have had no doubt but that ulcers have existed in the urethra, &c." p. 12.

After these extracts it might be deemed unnecessary to add any remarks; but as Mr. Platt may possibly refer to other parts of my work in support of his assertions, and as my expressions on the difference in excoriation on the surface of the membrane of the urethra in the different species of gonorrhœa may be misconstrued into evident ulcerations of that membrane, if not taken in connection with other sentences, I shall make a few other extracts, in order to prevent a controversy on this business.—"Where neither of the kind of ulcers before-mentioned exist in the urethra, there is certainly a considerable difference discernable in the depth to which the poison penetrates into or excoriates the inner membrane of the urethra in different cases of gonorrhœa, &c. &c."—— In a note at this place I have said, "That in some of these cases, this disease is a mere superficial inflammation of the inner membrane of the urethra, without any apparent irregularities on its surface, or any induration of the corpus spongiosum; in others, the diseased surface is unequal and rough, like that of a file, and when minutely viewed, would, no doubt, be found to be a congeries of ulcerations. I have seen such a surface so raw as to bleed after every evacuation of the urine." Ib. page 17.—In a subsequent part of this Essay, I have divided this disease into three different species.

1st. "The gonorrhœa attended with ulcer in the urethra, &c."

2d. "The gonorrhœa attended with marks of a considerable inflammatory affection of the urethra, *but without any appearance of ulcer.*"

3d. "The gonorrhœa *unattended with any of these circumstances*, its *chief* symptom being a small purulent discharge from the urethra." p. 33.

In the following page I have remarked, that in all gonorrhœas of the second species, "We have reason to conclude from the observations already made, that the poison has penetrated into and excoriated the inner membrane of the urethra to some depth, though it *may not have produced actual ulcers in it.*" p. 34.

I have made these extracts as concisely as possible, that I might not occupy too much room in your valuable Journal.—I shall enter into no controversy on the subject, but conclude with expressing *my surprise*, that any gentleman should

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should be guilty of misrepresenting the meaning of any author from whom he differs in opinion.

I am, &c.

Grafton Street, Feb. 15, 1805. THOMAS WHATELY.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

BEING one of the medical profession, I think it my duty to communicate every thing which has a tendency to increase the knowledge and cure of diseases. The following case of Phthisis Pulmonalis, although but short, I hope will not be unacceptable to the readers of your excellent Journal.

A gentleman in the west of England, after being under the care of an eminent medical practitioner for two months, applied to a friend of mine; and on examination found him to be in the last stage of a consumption. The symptoms were, a frequent cough, a copious and fœtid purulent expectoration with two daily exacerbations, which were preceded by a sense of coldness; his urine was high coloured, and deposited a copious branny red sediment; appetite not much impaired, thirst inconsiderable. He was ordered the following emetic draught. ℞. Cupri vitriolati gr. x. aquæ puræ ℥ij. M. vespere sumend. After the emetic had operated he took an anodyne draught, cum tinct. op. gt. xx. He slept much better after the anodyne draught than he had for some time before; he then was ordered the digitalis with opium in the following manner. ℞. Pulv. digital. opii purif. aa. gr. x. Cons. ros. q. s. ut fiat pilulæ xx. Sumat j. nocte maneque. He also took the following decoction. ℞. Lichen. islandic. ℥j. rad. glyc. inc. ʒij. aquæ puræ ℔jß. coque ad ℔j. et cola sumat ℥iv. ter quaterve in die.

After taking these medicines three days the hectic symptoms left him, and he was able to take an airing on horseback, which he had not done for some time before; and by strictly following the above medicines eight weeks, he perfectly recovered. His diet consisted of shell fish, fowl, and vegetables

I am, &c.

Bristol, Feb. 10, 1805. W. L.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FROM your indulgence in inserting my case of compound fracture, (Medical and Physical Journal for October, 1803) I am induced to request you will allow me, through the medium of your widely extended and truly valuable publication, to return my *sincere thanks* to Mr. Cuming, for his recommendation of *nitre*, (Med. and Phys. Journal for April and Dec. 1804) in *cases of sphacelus*. I have recently had a case of that description, where every effort to relieve the patient proved fruitless, until I resolved upon the application of nitre; in which I was seconded by my very respectable and ingenious naval friend, Mr. Birtwhistle, of this place.

Having frequently experienced very good effects from the external application of crude sal. ammoniac finely powdered, in similar cases, and having previously formed a very high opinion of Mr. Cuming, from his style of writing, which I have repeatedly seen in your Journals, I was led to resolve upon giving a fair trial to nitre: I am happy in having it in my power to say the effect was favourable beyond my most sanguine expectation.

It would be superfluous to trouble you with the minutiæ of the case; suffice it to say, the whole class of stimulants and antiseptics were tried internally and externally; notwithstanding, the putrid diathesis increased daily, until arrested by this "sovereign remedy."

I shall conclude with joining Mr. Cuming, in strenuously recommending this invaluable medicine to the public; as one which, I flatter myself, will ultimately prove deserving their confidence and attention.

I am, &c.

C. SIMPSON, Surgeon.

Skipton, Feb. 6, 1805.

P. S. I shall, with your permission, at some future period, offer for insertion in your Journal a case of a very extensive and inveterate ulcer upon the leg, of thirty years standing.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IMPRESSED with a due sense of your liberality, I have to request your permission for the insertion of this paper, in reply to Mr. Wilkinson's animadversions, so profusely bestowed upon me in your last Number, and so replete with *urbanity* and *good manners*. In endeavouring to vindicate myself from unmerited and unjust aspersions, I shall not fight the gentleman with his own weapons, which are empoisoned with invective and abuse, but will endeavour to keep myself within the sphere of moderation, from respect to myself and your publication, whose pages I should be unwilling to pollute by a spirit of recrimination, dictating, offensive, and unbecoming language; and will appeal, as I advance in my present pursuit, to such of the profession as are lovers of science, and desirous of improving the art of medicine, for their opinion, whether Mr. W's remarks are not likely to obstruct the path of medical knowledge, by deterring his professional brethren from publishing their observations, for fear of being arraigned at the tribunal of his *unmerciful*, or some other person's Cynical, criticism; because their communications may not be couched in such terms as may hold accordance with the delicate sympathies of their highly refined conceptions.

Mr. W. begins, by commending my zeal and industry, in pointing out such modes of treatment as I have found successful in practice; but blames me for what he stiles a confident, positive, and assuming manner of enforcing them. As a specimen of my manner, I beg leave to adduce the following quotation from my paper in No. 58, p. 497, when speaking of the efficacy of zincum vitriol. in the cure of agues.

"I only ask some of my medical brethren, such as are not acquainted with its virtues, (for there are certainly many who never heard or thought of its powerful effects) to give it a fair trial, whenever opportunity may serve."

Is this assuming? It is true I appeal with *confidence*, well knowing from the result of my own experience, that such gentlemen as are not wrapped up in self sufficiency, will find their expectations founded on my representation realized. Does Mr. W. wish to have truths told in a wavering, equivocal manner? To adopt such a plan, would

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ill accord with the views of every benevolent man, in promoting the advancement of medical knowledge. It really affords me great comfort, and cause for exultation, that the soundness of my doctrine, and validity of my positions, have been lately evinced by a gentleman, who in all probability may not be inferior to Mr. W. either in point of discernment, or professional acquirements; I allude to Mr. Cooke, who in page 527, of No. 70, corroborates my assertions, by a statement of two cases, wherein the zinc. vitriol. effected a cure, when in the first instance, the cortex, and solutio arsenici, had failed.

Mr. W. also accuses me of impatience of contradiction, and want of temper; indeed, it would appear that his own temper and disposition are none of the best. I would ask him, what right he has to interfere with Dr. Scott and myself? The Doctor surely did not ask him to enter the field as his champion; then what could be his motive? It surely was not to excite fresh discord, and disseminate contention, as the matter of his paper has this tendency. I would again demand of him, "by what authority he doeth these things?" and whether he is another "Gallio, who careth not for these things?" He cavils with the spirit of a true Cynic, at my having mentioned in my paper of No. 58, that the remarks I had then made, were the result of *unerring observation and experience.* His ill-natured remarks on this passage, will not effect its conversion into ridicule and contempt, which seems to be his aim; for he remarks, "these are Mr. C's own words," and takes care to have them printed in italics. My observation, I conceive, might justly be said to be unerring, if its truth was proved by the test of experience; then let me appeal to my readers, if his outré comment can be considered consistent with that dignity of sentiment, and decorum of conduct, which should influence the mind of a gentleman.

Mr. W. observes, that I display a want of temper to *those* who differ in opinion with me; I reply to this assertion, that it is not correct nor liberal, for him to speak in the plural, when Dr. S. was the only person who differed with me.

Mr. W. says, in my paper on Leprosy, in No. 69, that I treat the flour bag of the late Dr. Cullen in a disrespectful manner, I should be glad if his remark was entirely confined to the *bag;* but it appears that he suspects the character of the Doctor to be implicated in this dusty discussion which, if my conjecture is right, his supererogation of zeal,

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in defence of the venerable and worthy preceptor, has hurried him out of the track of reason; and it behoves me to repel this, and all his unfounded and self-fabricated stories. I defy him to point out any passage in my paper wherein I made use of these, *his own* words, the "flour-bag of the late Dr. Cullen," which he wishes to father on me; indeed, it appears very evident, that there is a great want of candour and charity in this Mr. W's critique, for he declares, that it is "so called by Mr. Cuming, No. 69." Pray have the goodness to observe his note marked thus ‖ in No. 72, and then do me the favor to turn to No. 69, when I am persuaded you will think with me, that any man daring to coin whole sentences, for the sake of injuring a person's feelings, or loading him with unmerited censure, should be held up to public contempt. Can such conduct be considered as gentlemanly? He now states, alluding to my paper on leprosy, No. 69, "I shall not enter into a discussion of this case, which he after having, as he says, cured as a general affection, considered it as local, from its continuing in the form of fissures, &c. in the palms of his hands; and which he says, gave way to the application of a blister." In this instance he gives me another opportunity of exposing him to the censure of every honest man; the words of the above quotation are his own, and not mine. It is easy to vilify any person, provided the undertaker of this benevolent office should condescend to coin words, and assert in the most bare faced manner, that they were those of his adversary. I intreat my reader to consult my paper, and observe, whether I have said, that after I cured a *general* affection I considered it as *local.* This Mr. W. must have forged, for the sake of exposing me to ridicule and derision; but instead of a laugh intended at my expence, a contemptuous sneer will be retorted on him for such unmanly arts. Vox veritatis ad cælum volat. I must candidly confess I feel a strong propensity to treat Mr. W. in the way which his conduct so richly merits; but "bear, and forbear," shall have a becoming controul over my pen.

I observed in the paper which Mr. W. has so mangled, misquoted, and added to, "that though the cutis vera is the seat of the disease, it may be considered as partaking more of the nature of a local than a general affection." For who ever considered the itch as a disease of the habit? yet it pervades the whole body.

He now begins to praise me, and gives me credit for

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ingenuity; on which account I must thank him, bearing in mind the good old adage, "Date Cæsari qua sunt Cæsarea."* A little further on, he observes, "yet the propensity or itch of snarling at our old masters, for it appears that Mr. C. from his own confession was a disciple of this great man," alluding to Dr. Cullen; I must again contradict Mr. W. whose erroneous (to say nothing worse of them) assertions, are so truly unaccountable; however proud I might be, of having had so great a preceptor, I must disclaim all pretensions to this honor, and challenge my adversary to point out, in any part of my writings, wherein "*I confess*" myself, as having been this pupil of Dr. C. He surely does not wish to impeach me of ingratitude! I shall tell him whose pupil I was; in 1792 and 1793, I attended the class of that amiable man Dr. Gregory, where I think, if my memory does not fail me, that I have seen Mr. W. who was pointed out to me as a man of ingenuity, for having invented a machine for the inflation of the lungs.

Having held up to public view, some of Mr. W's errors, I shall content myself with skimming over the remainder of his paper, in a cursory way. He accuses me of "barking at the dead old lion, and from whose *prey* himself had been nurtured when a young helpless cub." As I do not understand the sense of this "*and from whose prey*," I shall be silent; though it may be very clever, it is beyond my conception. I have heard of whelps barking, and bears growling when they had got a sore head; but as I never hurt either Mr. W's head or heart, I do not know why he has attacked me.

Mr. W. again observes, "if I have noticed this error, or rather mark of disrespect, of Mr. C. to the memory of his late admirable preceptor, Dr. Cullen." I demand of him to prove to any liberal minded man, that I have been at all disrespectful; on the contrary, I can prove this assertion does not rest upon the basis of truth, by a quotation from my paper, No. 69, p. 406. "During my studies at a celebrated medical school, the flour-bag was the only application then in vogue for erysipelas; from an idea, that it was dangerous to employ refrigerants; medicines of this class are frequently termed repellents; and it would have been a happy circumstance for many patients, if their medical

* I give Mr. W. as *Cæsar*, my thanks.

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medical attendants had not been frightened out of their wits, at the thought of this terrible name *repellent!*" The flour-bag which Mr. C. has so artfully tacked to Dr. Cullen, you perceive, is not mentioned by me, in conjunction with the venerable name of Cullen. This part of my paper relates to the practice which obtained in the Edinburgh Infirmary, the school I alluded to; and which the generality of students attend.

Now, for my disrespect to Dr. Cullen, these are my words: The famous Cullen, when treating on erysipelas, seems to conceive that no other application, save meal or flour, is admissable, except when there is a sense of throbbing in the part, indicating suppuration; yet I must dissent from such an opinion, though sanctioned by so great a writer. Is this the language of disrespect, the *famous* Cullen! so *great* a writer! Is it possible to be more respectful? But if Mr. W. considers dissention in opinion disrespectful, and this idea should become prevalent, we may bid adieu to every improvement in the profession. Thus it will appear, that Mr. W. has, Don Quixote like, been combating a phantom, which existed no where, save in his own brain; and if he hugs himself with the thoughts of having repelled "certain disrespectful insinuations aimed lately by a gentleman (with whom, speaking of himself, I differed in opinion) at the professional character of the late ingenious and benevolent Dr. Fothergill," I have a strong presentiment that this, his last attempt on me, will neither redound to his honour, nor give him cause for exultation; unless he has discovered a method of repelling a nonentity. He now takes his leave of the illustrious Cullen, and takes up the cudgels for one who, when put in competition with the other, may only be considered as a satellite; yet, strange to tell, his language, which before was only tinctured, becomes now surcharged with scurrility. "Mr. Cuming's disrespectful, and I fear, intemperate reply to Dr. Scott, more particularly as the Doctor, from the *ungentleman-like manner* in which he appears to have been treated," I shall be glad if my reader will have the condescension to read my reply to Dr. Scott, in No. 61, vol. 11, where I am confident he will find nothing either harsh or unbecoming. Let me now ask, if Mr. W. has acted the part of a gentleman towards me, in thus (without the smallest provocation) loading me with the opprobrious epithet *ungentleman-like*? indeed, it appears evident from my refutation of all he has hitherto advanced, that he has not

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not a proper regard for truth, and that he conceives himself at liberty to say any thing he pleases. In another place he says, "I advance not these remarks from ill temper, enmity, or disrespect to Mr. Cuming." Can he consider such language complimentary! In a word, if this Mr. Wilkinson's knowledge of men, manners, and his duty as a member of civilized society, be so confined, he rather, than resentment, merits pity! For an answer to the whole of his critique, on my reply to Dr. Scott, I refer my readers to that paper; and assure Mr. W. that I cannot find the preparation of cuprum ammoniacum in that edition of the Edinburgh Dispensatory in my possession, printed in the year 1789. I have, since the perusal of Mr. W's *philippic*, perused the work with attention, and do still aver, that I cannot find it; alluding to the *preparation*, it is not mentioned in the index, nor is there a recipe for it; it is true, I now perceive, that under the head of copper, the name is mentioned; and it would appear, that they are apprehensive of the ill effects which might accrue from its use; otherwise, why is not the recipe found. With respect to his observations on my plan of treating sphacelus with nitre, they appear very frivolous; if he has stored up in his fund of knowledge a better remedy, the sooner he divulges it the better. He remarks, "should it hereafter appear that both these easily procurable remedies prove equally beneficial in the hands of others, his claim to *originality* in these will scarcely be disputed." I have, since these quaint remarks of his were written, witnessed the happy effects resulting from my practice, in a most deplorable case, which I published in No. 70, vol. 12; when I requested as a *particular favour*, that some of my medical brethren would, when opportunity offered, publish the result of cases which might occur in their practice; should they be disposed to place that confidence in it, which its efficacy so justly entitles it to. Mr. W. observes, speaking of zincum vitriol. which I recommended for the cure of agues, that I said, "it deserves the name of specific;" and that I never knew it fail. Never knew it fail is true; but, to say nothing worse of the former part of his sentence, it is extremely erroneous, and a declaration without foundation; for my words in No. 58 are, *more* entitled to the epithet specific. I appeal to common sense, if Mr. W. does not wantonly pervert whole sentences, for the sake of gratifying his *benevolent disposition*.

He finally concludes, that his remarks are given fairly and

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and candidly; whether this is the case or not, I have great pleasure in leaving to the decision of such men as will neither add nor diminish, nor condescend to fabricate aught, for the sake of unjust crimination.

I shall now take my conjé of Mr. Wilkinson, assuring him, that neither motives of enmity nor revenge have dictated my reply: I know, that my tenets are not taken from that sect who hold it just to retaliate, agreeably to the old law *of tooth for a tooth, and eye for an eye.* No, far different considerations influenced my mind; a manly sense of the injustice done me will sufficiently apologize, were any apology requisite, for repelling unmerited insult and unjust aggression; and, whether I have succeeded in my endeavour, will be best known by those who are not parties in the affair. I freely forgive Mr. W. and if he is not contented that the business should end here, let him appeal, as I have done, to the candid and unprejudiced, by whose decision I shall abide; hoping that the case at issue between us will appear as evident as that between Dr. Trotter and Dr. Clarke, with these exceptions, that the subject matter in debate is different; and that some people may suppose it necessary, audire alteram partem, whose silence does not admit of the most favourable construction; but Mr. Wilkinson does me the honour to insinuate, that some importance may be due to my communications.

I am, &c.

Romsey, Feb. 12, 1805. RALPH CUMING.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FROM the commencement of your widely extended Journal I have read with marked attention every publication which has appeared therein, respecting the cow-pox; and had Mr. Goldson's pamphlet come forth in the early numbers, the cases therein recited would doubtless have increased that scepticism which then arrested me, and which had well nigh resisted those impressive truths, which subsequent experience has constrained me to acknowledge.

Some of your correspondents have regretted that such cases

cases ever came before the public; I am, however, disposed to hope, that the avowal of such ambiguous reports will eventually tend to confirm and increase, rather than injure the vaccine practice, a practice founded on the most permanent basis; fixed as the laws of Nature, and irrefragable as truth itself.

It is well known that the propositions of Euclid, and the axioms of our immortal Newton, have been repeatedly carped at; nay, that the truths of the Gospel have been disputed by a modern blasphemous politician, but that those doubts he has attempted to raise in atheistical minds have been happily dissipated by an abler politician, philosopher, and prelate, whose mild answers in his "Apology for the Bible," have abundantly refuted the sophistry of his opponent, and tended in an eminent degree, to establish those prophetic truths he has so ably contended for.

Not more established are these truths, or permanent are those axioms in my estimation, than the principles of vaccination as set forth by our *immortal Jenner*, and confirmed by the suffrage and united testimony of assenting millions.

After such an unqualified avowal, it may be expected that I should bring forward a string of evidence in support of these assertions.—The numbers I have vaccinated, when compared with those of other practitioners, are but inconsiderable; yet some of these, as being accompanied with a peculiarity of circumstances, may not be unworthy of notice.—In November 1800, I vaccinated Master W. aged two years, with recent virus procured from my late much-revered friend, Dr. Cappe of York, who at that time laboured greatly to introduce the new practice, and whose important and judicious observations, as to irregularity and anomalous appearances, have been deservedly inserted in your Medical and Physical Journal, (vol. 5, p. 25.) and I may here likewise add, provided Mr. Goldson had attended thereto, it is probable the cases of failure he has given to the world, would have either been suppressed *in toto*, or mentioned only to confirm those truths which have now been above five years on record.—To return to my narrative; my little patient, much to the satisfaction of his friends, passed the disease (if such it may be called) in the most mild, distinct, and unequivocal manner; and in six weeks afterwards, by way of test, was subjected to variolous inoculation, along with a little cousin who had never been inoculated with either vaccine fluid or small-pox matter before. Master W's arms inflamed for a few days at first, and

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and then subsided; no constitutional affection whatever ensued, whilst his little cousin, inoculated at the same time, and with the same matter, went through the usual routine of disease, had a considerable crop of variolous pustules which maturated kindly, and continued out the usual period; during all which time the two cousins (at my instigation) constantly slept, kissed, and played with each other, but without any effect or consequence whatever.

In December 1800, (as inserted in my letter in the York Herald) the small-pox was very prevalent in this neighbourhood; a subscription was opened for inoculating the poor of this town, and upwards of one hundred presented themselves to a brother practitioner and self. Amongst those which fell to my share, was a mother in her twenty-fifth week of pregnancy, three of her children, under seven years of age, and a sickly unpromising twin of another family, but in the same house. Notwithstanding it was the general wish that variolous matter should be employed, yet from the purest motives of humanity, I could not bring myself to venture thereon, but strongly urged the vaccine fluid, as infinitely milder and better calculated under such precarious circumstances. My recommendation was immediately complied with, the pregnant mother, her three children, and the twins, were immediately vaccinated a few days previous to the general inoculation of the rest with the small-pox. The result was fortunate, the mother and children passed the disease in the most favourable manner, and the former, at the usual period, brought forth a fine healthy girl; the sickly twin, whose life had long been despaired of, from mesenteric obstruction, scarcely suffered any thing from vaccination, and afterwards recovered his general health in a most unexpected manner. These six patients, from unavoidable necessity, mixed with the rest of those subjected to the small-pox inoculation; indeed, the whole atmosphere, from the varied situation of the remaining hundred, might be truly said to be compleatly variolated; and yet, from that moment to the present, they have effectually resisted the small-pox infection.

Allow me now to contrast this case of pregnancy with one less fortunate, which occurred to a medical relative of mine within ten miles of this place.—The patient, a mother (but farther advanced in her pregnancy) was about the same time extremely averse to the cow-pox, and was incessant in her solicitations for variolous inoculation; her medical

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medical attendant injudiciously consented to her repeated importunities; the consequence was, a premature delivery, the death of the child with the small-pox upon it, and a providential but unexpected recovery in the mother, after a month of undescribable torture and suffering.

It is needless to state that vaccination was with extreme difficulty introduced in this neighbourhood at first, and that the popular clamour against it was strong; fortunately for us in this district, a few in the superior classes of life have subjected their offspring to the new practice, with the happiest success, and those in a lower sphere, perhaps more through fashion than conviction, have been insensibly led on to follow their example. This compliment which the poor have paid the rich, is nothing more than a proper return for the strange mode which the *fashionable nudes* of the present day have so inconsistently introduced, a fashion utterly incompatible with decency, health, and comfort, and which may hereafter draw some animadversions from myself, or an abler pen.

About four years ago, I met with an irregular case of cow-pox in the patient of a neighbouring practitioner; and from a guarded prognosis, at that time, the parents of the young girl were so prudent as to subject her to small-pox inoculation a year afterwards; the event fully verified my fears, and proved her to have been insecure, as she passed the disease in a regular manner, had a few distinct variolous pustules, with a trivial febrile indisposition. Had this case, which put on extensive but spurious inflammation, not been attended to at the proper period, no doubt but it might have lulled the parties into a false security, and have brought the practice into a temporary discredit.

Since the year 1800 to the date of this (February 1805) I have continued to follow the vaccine practice; my patients at various distances have never yet suffered from variolous infection, although they have frequently been exposed to every possible risk, and were at times surrounded with small-pox. Had any failure occurred, averse as the generality of the public at first were, it is but fair to infer they would have sounded the alarm with envious satisfaction. It is true that in some instances I have had to inoculate a second, third, and even a fourth time; yet, this proves only what I have publicly asserted four years ago, viz. "That the cow-pox is assuredly a much milder disease than the small-pox."—"That the insertion of the former is accompanied with more ambiguity than the latter,

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ter, unless the fluid be employed soon after taking."—"That the failure may be in proportion to its comparative mildness, as its virus, in spite of attentive enclosure, sooner escapes."—"That the utmost circumspection ought to be paid as to its regularity and progress, and that as the disease (like others to which the human constitution is prone) is subjected to certain laws and regulations which are fixed and immutable, it is not less the duty than the interest of every practitioner, sedulously to watch and study these, as emphatically laid down by the great Discoverer, and others, and thereby to discriminate between such true and spurious appearances as may at any future period occur."

During this last month I have vaccinated twenty-two patients without a single failure, with matter obtained from a medical friend at Malton, without any irregular or anomalous appearance; and notwithstanding the many truly laudable and philanthropic Institutes, which are so generally dispersed in the metropolis for the convenience of the medical world, it has been thought expedient by others, as well as myself, to endeavour to establish what I would call a Provincial Jennerian Circle, for the more ready and immediate accommodation of the public with cow-pox virus. On this subject, as well as on others connected therewith, (should this testimony of mine now obtain admittance in your Journal) I may hereafter again address you. At present, I would beg a tender of my thanks to the gentlemen of the different medical committees, who have so generously and publicly stepped forth in distributing gratuitous supplies of vaccine virus to every practitioner in the united kindom.—Their efforts, aided by the concurrence of medical practitioners individually, may, I doubt not, accomplish the *extermination of the small-pox*, and thus free the world from one of the most dreadful maladies that ever raged among mankind.

Although I am professedly a strong advocate for the cow-pox, yet I can hardly subscribe with your worthy correspondent, Mr. Ring, who in his zeal for the good causes, would consign every one inoculating for the small-pox to the utmost rigour of the law.* I would more charitably invite him to give vaccination a fair, candid trial, and then

* Vide Mr. Ring's Compendium of Vaccination at the end of Anstey's Ode to Jenner.

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then dare him conscientiously to acquit himself of that trust which a confiding public have placed in him.

It is needless to say that common sense, common honesty, and strict justice, would constrain him, as it has done me, to prefer vaccination, and never to obtrude a severe disease on his patient, when his duty prompts him to recommend a mild one.

I am, &c.

Kirbymoorside, York, Feb. 11, 1805. T. HARRISON.

MR. SHOOLBRED, ON VACCINE INOCULATION IN BENGAL.

(Continued from pp. 245—257.)

I shall prefix to the Analysis of Mr. Shoolbred's Report, a copy of a letter I received from him, together with the Report.

"SIR, *Calcutta, June* 21, 1804.

"HAVING observed that you have been at uncommon pains in collecting information from all quarters, on the subject of vaccine inoculation, and in tracing the history of its progress from the first promulgation of its discovery by the immortal Jenner up to the present day; I presume it will afford you some gratification to know what has been done in India, with a view to the preservation and dissemination of so great a blessing to mankind: I therefore beg leave to present you with a copy of the Report on the introduction of the vaccine disease into India, and its progress in Bengal, up to the conclusion of last year, which has just been published by order of this Government.

"You will observe, that this small work is to be considered as merely an official communication to the Bengal Medical Board, for the information of Government; not as a regular treatise on the vaccine disease, written with a view to its coming before the public. It is therefore entitled to much indulgence.

"You will also perceive, that I have taken the liberty of making use of some part of your valuable work, of which I have hitherto seen only the first volume; and that in such a way, as only to obtain a very hasty and cursory perusal of it; a circumstance necessary to be mentioned, lest I may have stated any thing which a more careful perusal might induce me to alter. I am impatient to see your

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your second volume, which I remark as being published, though it has not reached this country.

"The last communication I saw of your's was in the Medical and Physical Journal, for Dec. 1803; in which, you state your opinion, that the heat of the weather does not diminish the activity of the vaccine fluid, when immediately transferred from arm to arm. I was of the same opinion while the cold weather lasted; but when the thermometer rose to upwards of 90, I was convinced, by a very alarming number of failures, that the fact, however difficult to account for, was certainly otherwise.

"The infection was last year lost at one of the stations, from this cause. It is now extinct in two others, and has been in jeopardy in my own hands; on no other account which I can discover, but that the fluid at a very high temperature loses much of its virtue, even when used at the instant of its secretion. How this happens, while the disease, when it takes place, exhibits all its genuine characteristics, I am unable to explain.

"I have not observed any difference in the susceptibility of infection, depending on different shades of colour; nor does your observation on the rapid progress of the disease in negroes, appear to hold good in the black natives of Bengal. The course here is much the same as in Europe; with no difference between blacks and whites sufficient to attract observation.

"I am, &c.

"JOHN SHOOLBRED,

"Supt. General of Vaccination in Bengal."

Here it is necessary to remark, that Mr. Shoolbred notices one rule, on which I lay a particular stress respecting the practice in hot climates, but not another, which I consider equally indispensable, namely, that of taking the matter *at a very early period.*

He says, indeed, there is no material difference in the progress of the cow-pock in blacks and whites. On this point I am not competent to decide; my information was derived from the report of Dr. Dupuytren of Paris; who had much better opportunities of ascertaining the fact. We all know, however, that the progress of the disease is most rapid in hot weather; for which it no where appears, that Mr. Shoolbred has made any allowance, either in his inferences or his practice.

In the summer of 1800, I inoculated six children, with two punctures in each arm, from a child in Marshall Street,

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London Road; and out of the twenty-four punctures, only one succeeded. Yet subsequent inoculations proved, that neither of the subjects, on whom the operation failed, had previously had the small-pox.

At that time I followed the rule laid down by the latest writers; that of taking matter at any period when I could find it. In the present instance, the weather was extremely warm, the areola very vivid, the vesicle very large; I am, therefore, at present, not surprised at the result.

I am well convinced, from the concurrent testimony of the various authors who have given an account of the phenomena of vaccination in India, that the disease is more rapid there than in this northern climate. Yet Mr. Shoolbred's general rule was to take matter on the eighth day; a day when the matter is sometimes almost effete, in warm weather, even in this country, as I have repeatedly experienced.

But I am still more fully convinced of the rapidity of the vaccine pustule in India, from a representation of it accompanying the Report sent me by Mr. Shoolbred; in which the areola on the fourth day is as large as it is here on the tenth. As far as it is possible to draw a conclusion from this plate, the matter ought to be taken on the third day. This has been done, in cases of emergency, even in our cold climate, and with success; it is therefore worth attempting in India, where the lives of millions depend on perpetuating the practice.

But I have another, and a stronger reason, for supposing that the matter in India was not taken at a proper period; which is, that Dr. Marshall preserved the vaccine infection under a still greater degree of heat. In the Medical and Physical Journal for January, 1804, is an extract of a letter I received from him on that subject, in which he says, "In this month's Medical Journal, I observe a letter from Mr. Weston of Jamaica, to you, is inserted; in which he says, he is obliged to acknowledge the lamentable fact, that in a temperature of 90, the vaccine matter loses its activity.

"This to me appears a very extraordinary acknowledgment; for during the time that I was at Gibraltar, in Aug. 1800, the temperature was never so low as 90, and frequently at 96; during which time I never observed any particular difficulty in communicating infection, more than in England; nor can I conceive any probable cause for its failure in Jamaica."

Dr. Marshall adds, "From my original memorandum, now

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now before me, I find your observation upon the rapid progress of the disease in negroes just; since the arm of this man yielded matter for inoculation on the third day." Here was no motive for taking matter at a very early period; on the contrary, Dr. Marshall wished to protract his inoculations, in order to convey recent matter to Gibraltar. It is therefore reasonable to suppose, that there was a distinct vesicle, fit for the purpose of inoculation. A case mentioned by Dr. Coxe rather confirms the idea of the disease being more rapid in the Negro. That it is more rapid in a warm temperature is certain; and, I trust, in future, this circumstance will be particularly remembered in practice.

Mr. Shoolbred commences his Report with a concise view of the introduction of the disease into India, and the means employed to ensure its permanent establishment in that quarter of the world, previous to his appointment. The office of Superintendant General of Vaccination was first held by Mr. Russel, who discharged the duties of that office in an exemplary manner, till he was obliged to leave India on account of ill health. All the European children in Calcutta and its neighbourhood were speedily vaccinated; and the blessings of the practice were widely diffused.

Previously to Mr. Shoolbred's succession to that important office, he had kept up a series of successive vaccinations at the Native Hospital; and, with the concurrence of his Excellency the most noble Patron, and the Governors of that humane institution, formed a plan for extending its benefits to all who might desire it in Calcutta, as well as for securing a depôt of genuine matter under his own eye. He had also an opportunity of making experiments, in order to ascertain the efficacy of the cow-pock as a preventive of the small-pox.

The Medical Board at Calcutta, wisely considering that the preservation of the vaccine virus to Bengal, and perhaps to India, was a matter of too much importance to be trusted to the casual zeal of a few individuals, which might evaporate when the novelty of the practice was over, laid before the government a plan of an establishment every way calculated to secure to that country all the advantages of vaccination. This plan the Governor General ordered to be carried into effect. Subordinate superintendants of vaccination were appointed at eight different stations, in order to preserve and distribute the virus; under each of whom a number of the surgeons were directed to officiate, in promoting the general view of the institution. Thus the

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vaccine department was placed on a regular and permanent footing.

The Medical Officers on the establishment of the Company have in general shewn a disposition to co-operate with the superintendants, and done all in their power to promote the benevolent views of the government. But we are informed by Mr. Shoolbred, that the whole tribe of Bramin inoculators are, from interested motives, determined enemies of the new practice; and that, by their influence over the minds of the people, they have in many instances prevented them from bringing forward their children. This, together with the indolence and stupidity of the natives, will for a while prevent them from reaping the full benefit of so great a blessing.

After giving a detail of what has been done towards the propagation of the practice, Mr. Shoolbred takes notice of what still remains to be done. There are two places to which the Governor General is desirous of transmitting the matter; one is Port Jackson, the other China. To these two distant quarters it was proposed to send it in living subjects, by means of successive inoculations; but it was at that time impossible to procure a sufficient number of subjects for the purpose.

The number vaccinated in Bengal within the first year is upwards of eleven thousand. This number is not great; but the Bramins, the ancient inoculators, like too many of our ancient inoculators, have thrown obstacles in the way of the practice. Their sacred function gives them the greater authority; and the people themselves are ignorant, and of course prejudiced against all innovations.

By the publications of Dr. Anderson and Dr. Keir, we were taught to indulge a flattering hope, that the circumstance of this boon coming from the cow, an animal so highly revered by the Hindoos, would have operated in its favor; but we are informed by Mr. Shoolbred, it is directly the reverse.

After stating, that in Bengal one in sixty or seventy dies under inoculation of the small-pox, and one in three by the natural disease, and calculating the number of lives already saved, Mr. Shoolbred concludes his Report in the following manner:

"These are positive advantages already obtained by the introduction of vaccine inoculation into Bengal, which the intelligent part of society know how to estimate. What we have to look to in future appears to me to be, not only the continuance of the blessings before enumerated, but the

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the animating prospect of a sure and solid foundation having been laid for its universal diffusion in India, as well as to our eastern settlements, to Java, China, New South Wales, and even to the numerous islands scattered throughout the Pacific Ocean. In contemplating a period so auspicious to the happiness of mankind, and so glorious to the name of Jenner, we cannot help anticipating, that, while an approving Sovereign and an admiring Country do justice to the talents, the wisdom and energy so eminently displayed in the military and political career of our most noble and illustrious Governor General, it will not escape the notice of the philosopher and the philanthropist, that the same distinguished administration was no less conspicuous for the humanity, than for the vigour of its measures; and that to the encouragement afforded to vaccine inoculation, by His Excellency the Most Noble Marquis Wellesley, so large a portion of the globe has been indebted for the enjoyment of the inestimable blessings derivable from the greatest discovery that ever was made by man for the benefit of his fellow-creatures.

"JOHN SHOOLBRED,

"Superintendant General of Vaccine Inoculation."

Calcutta, March 22, 1804.

To this report is added an Appendix, containing practical remarks concerning the disease, as it appeared in India. It was introduced into Bengal in November 1802; and, in January 1803, Mr. Shoolbred put it to the test of variolous inoculation, which it resisted. It was also put to similar tests, as well as to that of exposure to the natural infection, by other gentlemen in different parts of India, with complete success.

Mr. Shoolbred would have repeated his experiments the following season, but the humane and judicious prohibition of variolous inoculation, in the neighbourhood of Calcutta, had cut off the supply of matter. This, however, he observes, is of little consequence, since the medical practitioners in that quarter of the globe had every reason to conclude, from the uniform and invariable character displayed by the disease, that the vaccine virus had suffered no diminution of power in their hands. On the contrary, from upwards of one thousand five hundred cases under his own care, as well as from the concurring evidence of all the subordinate stations, he was perfectly convinced, that the disease he then inoculated possesses in full force

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the prophylactic quality, which renders its discovery so inestimable a blessing to mankind.

"Even in the dark skin of the native of Bengal, the traits of genuine vaccination are sufficiently conspicuous to remove all doubts on the subject. The commencement of vesication on the fourth or fifth day, its gradual increase, circular form, depressed centre, cellular structure, and limpid contents; the surrounding tumefaction, or areola, where the skin is fair enough to shew it; the slight fever on the eighth, ninth, or tenth day, and the subsequent progressive conversion of the vesicle into its peculiar horny, dark-brown, glossy scab, dropping off from the fourteenth to the twentieth day, and leaving a permanent pitted cicatrix, are circumstances belonging to no other affection to which the human body is subject; and which, in my opinion, would stamp vaccination with the full evidence of its specific power, if no opportunity of putting it to the test of experiment ever occurred again."

As to the inoculation of the small-pox, Mr. Shoolbred says, it is truly believed, that although it often saved the individual, it has not lessened in the aggregate, the dreadful expenditure of human life occasioned by this disease.

He has not observed any other degeneracy of the virus from the high temperature and moist atmosphere of Bengal, than that it more frequently fails to communicate infection under those extremes. When it succeeds, the affection still exhibits all the essential characters of genuine vaccination.

Mr. Shoolbred copies from one of the Reports of the Vaccine Pock Institution, a passage containing an hypothesis of Dr. Pearson, in which he endeavours to explain the reason, why the virus becomes less efficacious after a certain period.

He supposes, that part of the active matter first secreted is absorbed; in consequence of which, a change is effected in the constitution, which puts a stop to the secretion of vaccine matter; and the secretion then becomes of a serous kind.

It is certain, however, from the success of vaccination with matter from the dry scab, that a great portion, if not the whole of the active particles, remain unabsorbed. I therefore beg leave to submit with deference another hypothesis, by way of solving this problem; namely, that simple dilution, independent of absorption, may occasion the temporary inefficacy of the matter; and simple inspissation,

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sation, in consequence of evaporation by the cuticle, may restore it to its pristine activity.

Mr. Shoolbred made some experiments, in order to determine how far Dr. Jenner's opinion was well founded, that persons who have had the small-pox, or the cow-pock, are still susceptible of the latter. Mr. Shoolbred is correct in his idea, that such are much less susceptible of the disorder than before. This, however, is the very doctrine originally taught by Dr. Jenner, and confirmed by other authorities, whatever has been insinuated to the contrary by any illiberal opponent. Several instances of the cow-pock taking place a second time, are to be found in the writings of Dr. Jenner; and, in the index of my Treatise on the cow-pox, I have referred to no less than ten places, where instances are adduced of its occurring after the small-pox. Any one who takes the trouble to examine those cases will be able to judge, how far the persons on whose authority they rest, merit the title given them by Dr. Pearson,—that of a few partizans.

Mr. Shoolbred candidly admits, that from my Treatise it appears, some persons have had the cow-pock after the small-pox. We are therefore, he observes, not warranted in saying that such a thing never happens; but only that it happens too seldom, to afford any reasonable prospect of keeping up the virus this way.

From the same source Mr. Shoolbred learned, that cows had been vaccinated from the human subject; and that the disease had been restored to the human subject again. He informs us, however, that before my treatise fell into his hands, he had made the same experiments; principally with a view of ascertaining the appearance of the complaint in the cow.

One striking difference which Mr. Shoolbred discovered between the cow-pock in the cow and in the human subject, was, that in the former, instead of being vesicular, it had more the appearance of an elevation of the substance of the teat itself. The vaccine fluid was limpid, but only to be obtained by pushing a lancet under the scab.

The only sign of constitutional affection was a diminution of milk; but whether this was owing to a discontinuance of milking, Mr. Shoolbred is unable to determine. The tumours resembled those represented by Dr. Sacco, or those which take place on applying a thimble exhausted of air on any fleshy part of the body. These experiments were instituted with a view to facilitate the preservation of cow-pock matter. The mode he prefers, is that of

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a continual succession of inoculations in the human subject.

Mr. Shoolbred has made two very interesting inquiries; the first is, whether the indigenous cow-pox has ever been discovered among the cattle in India; the second, whether the Bramins were acquainted with the practice of vaccination before the promulgation of Dr. Jenner's discovery, as some people have lately alleged.

From the result of his inquiries, there is great reason to doubt whether the indigenous cow-pock has ever appeared in India; and the pretence of the Bramins to a previous knowledge of vaccination, is proved to be one of the basest forgeries ever attempted.

A Shanscrit manuscript was handed about, which, it was pretended, contained an account of the practice; but it was remarked, that the operation was directed to be performed after the European, and not the Asiatic manner.

The manuscript in question was therefore compared with other copies, and the imposition was detected. The part relative to the cow-pock was an interpolation; or, to speak in the emphatic language of Mr. Shoolbred, an impudent forgery. Such interpolations, I learn from this and other sources, are commonly practised in India, for the purpose of supporting the claims of the Bramins to priority in every kind of science.

They only practise inoculation of the small-pox during three months in the year; and then only in a partial manner; for we are told by Mr. Shoolbred, it is almost entirely confined to Bengal. Had the Bramins practised vaccination, they would not now be among the first to oppose it. The grease, it appears, is not known in India.

The small-pox has not prevailed epidemically in Calcutta since vaccination was introduced there, owing to the prohibition of variolous inoculation. A few sporadic cases have, however, occurred, sufficient to furnish matter for counter-proofs.

Mr. Shoolbred doubts, whether the natives have sufficient capacity to practise vaccination with success; but he has no doubt that they possess sufficient knavery to contaminate the matter, in order to bring it into discredit. He says, no sensible and conscientious man in Great Britain thinks of continuing variolous inoculation, since the value of vaccination is fully ascertained. The artificial introduction of the small-pox into Calcutta, has annually consigned thousands of victims to an untimely grave; and it is supposed, that scourge of humanity would have

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have been less fatal, had it been left to pursue its natural course.

In your Journal for November last I mentioned, that Dr. Anderson of Madras, proposed to send a surgeon with cow-pock matter, and some children who are proper subjects for vaccination, to New South Wales, for the sake of conveying the virus in a state of activity to that remote region. In a former part of the present communication I observed, that the Governor General of India was also desirous of carrying this plan into execution; but that it was impossible to procure a sufficient number of subjects for the voyage. It is, therefore, with peculiar satisfaction, that I have just received advices from Mr. Savage, of the accomplishment of this important object, by means of vaccine virus which he received from me.

This event is the more memorable, on account of the length of the voyage, and the heat to which the matter must have been exposed in crossing the line. It has, indeed, been generally concluded, that under such circumstances, it was impossible it should ever prove successful. Our countrymen in India seem to have considered the conveyance of it from that quarter as a hopeless attempt, unless it were conveyed by successive inoculations, and a ship-load of children.

It has long been thought impracticable to transmit active matter to India by sea, though a shorter voyage. The failure of all the attempts hitherto made has been attributed to the effect of time, or heat, or the effluvia of various kinds to which matter is exposed during the passage. The last cause I have always considered imaginary, from the mode in which the virus has been packed up. The only cause to which I can ascribe the universal failure of such attempts, and of Mr. Savage's first matter which he carried out with him is, the difference of the vehicles.

The former were thread and glass. The first of these is nearly the same with the vaccinator, since it admits of being applied without diluting the matter. Glass is incapable of that advantage; and is more apt to fail than any other method.

Having in a great measure supplied the army with matter for almost two years, I have had ample opportunities of verifying this fact.

On a former occasion I noticed, that some of the natives of New South Wales bear evident signs of the small-pox. I have now before me a concise history of the English colony in that quarter; from which I shall extract a paragraph,

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graph, that renders it probable the disease was first introduced into this part of the world, since the settlement was established.

"When that shocking and fatal malady, the small-pox, first made its appearance amongst these unfortunate creatures, says Governor Hunter, it was truly shocking to go round the coves of the rocks, where nothing was now to be seen, but men, women, and children, lying dead. As we had never seen any of these people, who had been in the smallest degree marked with the small-pox, we had reason to suppose they had never before been affected by it, and consequently are strangers to any method of treating it; and if we consider the different attitudes the dead bodies have been found in, we may easily believe, that when the malady assumes the appearance of this disorder, they are immediately deserted by all their friends, and left to perish for want of sustenance."

Mr. Savage, in his last letter, informs me, that when the small-pox was introduced into Botany Bay, among the natives, many hundreds fell victims to this merciless disease; and that, on numbers of those miserable wretches, it has left its ghastly traces behind.

He adds, "Nothing can appear finer than the pustule in every instance; and the disease, if such it can be called, observes precisely the form described by Dr. Jenner and yourself. A little drowsiness on the fourth, but more generally on the fifth day, is the only symptom; except, in one instance, a native boy of New Holland, servant of the Rev. Mr. Marsden, who complained much of head-ach, and some feverish symptoms.

"Your zeal in the cause of humanity will be highly gratified at our joint success, in this fifth grand division of the globe; and our Friend Harwood, who rejoices 'in all the good of all mankind,' and who was in some measure instrumental to the introduction of the vaccine-pock into this country, will derive equal satisfaction from the event.

The following articles appear in the Sydney Gazette of the 3d of June.

"NOTICE.

"As the cow-pox is now fully established in the colony, it is hoped no parents or guardians of any children will omit availing themselves of so great a blessing; which, as has been shewn in the Gazette of the 13th of May last, is an infallible preventive of that generally fatal distemper, the small-pox.

"NOTICE.

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"NOTICE.

"Mr. Harris, Surgeon of the New South Wales Corps, informs the parents of children belonging to the military, that he will inoculate with the vaccine infection, those who choose to attend him, at his house at Sydney, every Tuesday, and at his house at Parramatta, every Saturday, till further notice."

In the aforesaid Gazette is a letter from Mr. Jamison and Mr. Savage to the Governor, in which they inform him, that vaccine matter from another source failed; but the matter received from me succeeded; and Mr. Savage having vaccinated several children from that in which infection first took place, they are decidedly of opinion that the cow-pock is completely established in the colony. To further its propagation, they request that the Governor will give orders for parents to attend at the hospital at Paramatta. They promise to give notice, when it is established at the other settlements.

The following General Orders are inserted in the same Gazette:

"Such children as the parents or guardians may wish to have inoculated, are to attend at Parramatta, on Tuesday and Wednesday next; after which a permanent attendance will be directed at Sydney, Parramatta, and Hawkesbury.

"By Command of His Excellency,
"G. BLAXCELL, Acting Secretary."

In his letter, dated August 3, 1804, Mr. Savage says: "A great number of subjects have now been inoculated; and, to prevent the possibility of losing the virus, we limit the numbers to four or five at a time, in each settlement."

Whenever this topic is introduced, it cannot be unseasonable to remind medical practitioners, that it is always proper for them to keep matter, taken at an early period, on vaccinators. From the foregoing account it is evident, that these, when well charged, even under the disadvantage of a warm atmosphere, will preserve matter in an active state many months.

I am, &c.

JOHN RING.

New Street, Hanover Square, Feb. 15, 1805.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

As you have frequently expressed a wish, that in the event of meeting with any epidemic disease, I would make known to you the circumstances attending it; I lose no time in acquainting you, that (in the absence of the surgeons of the corps) the Deputy Inspector of Hospitals consigned to my care on the 11th of January, the hospital of the three troops of the Waggon Train stationed at Canterbury; which at this time contained such cases only as are always to be met with in military hospitals. But on the 4th of February, a man was admitted with fever; on the 9th three men with fever were admitted; on the 12th, two; 13th, one; 21st, three; 22d, one; exclusive of three non-commissioned officers attacked between the 15th and 21st, being nearly one-tenth part of the men present.

Those men were attacked in a manner nearly similar; the disease was ushered in with severe rigors, loss of appetite, disturbed sleep, and nausea. They complained principally of pain in the head, loins, and extremities; thirst; and weakness. On their admission the pulse was generally quick but weak; the tongue white or furred; the heat of the body was frequently not increased, although in most cases it *soon* became much greater than in health. Derangement of the biliary system was very striking; and in several cases very large quantities of bile were evacuated.

On first seeing the patient I invariably directed that an emetic should be immediately given, and it was most commonly followed by six grains of calomel; if the heat of the body became greater than in health and permanent, cold affusion was had recourse to; if much fever remained after this, with increased action of the heart and arteries with augmented power, antimonial powder (together with calomel till the primæ viæ were cleared of bile) was prescribed; in other cases an eighth of a grain of tartarized antimony, eight drops of tincture of opium with half an ounce of aq. ammon. acetat. and the same quantity of water, were given every four hours. By these means I was enabled in most cases to cut short the disease; but in two or three instances it went on to the second stage. In two of those cases (one of which was accompanied with almost incessant diarrhœa) calomel appeared to produce the most beneficial effects; wine and brandy were given *freely*, (sometimes

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(sometimes every hour) when required by the state of the pulse, &c. On the decline of the disease decoction of bark acidulated with sulphuric acid or infusion of quassia was given; and the men were taken out in a spring waggon for three or four hours in every day. *All my patients* are now convalescents, or have returned to their duty; except one man in whom the fever has become intermittent, as happened in the case of one of the non-commissioned officers.

No fresh cases have occurred since the 22d of February, and I trust the progress of the disease has been arrested. The hospital was fumigated with the mineral acid gases several times in a day; the wards in which there were men at the time, with muriatic acid gas; and the rooms which were at the moment empty, with oxygenated muriatic acid gas.

Cleanliness and the free admission of fresh air were insisted on.

The crowded barrack-rooms I had ventilated, so as to allow the impure air to escape without difficulty; and to secure a supply of air more fit for the purposes of respiration. The whole of the bedding was at my request exposed to the open air for several hours in the day.

It may be right to remark, that for some days after the last case of fever was admitted, several men were daily attacked with ophthalmia, which appeared to have been epidemic in the 18th and 53d regiments, which were a short time since stationed at Canterbury.

I am, &c.

EDWARD LUSCOMBE.

King's Barracks, Canterbury, March 2, 1805.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE latter part of the eighteenth century will be ever recorded as the æra, when medicine had arrived to such a perfection as entitles it to the highest rank among the other branches of philosophy, and reflects a lustre on British practitioners not to be equalled in all Europe. Within these few years our attention has been called to some of the greatest discoveries that ever adorned the healing art. The

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The prospect of the annihilation of the small-pox: The wonderful effects that have been produced by the digitalis, not only in phthisis pulmonalis and confirmed dropsy, but in pneumonia and other diseases: The astonishing success that has attended the use of cold affusion in typhus, in tetanus, and other spasmodic diseases: The effects of the muriate of lime and barytes in that emphatically styled opprobrium medicorum, scrofula; all proclaim this.

But, perhaps, there is no circumstance in the Annals of Medicine that has excited more admiration in the profession, and caused more joy to individuals, than the cure of Gout. This Herculean disease has hitherto baffled all the attempts of physicians, not only to cure it, but even to alleviate its symptoms or protract its return; this was reserved for the present day, to join in the train of the other once opprobria medicorum, to crown the whole, and to give the name, "The Æra of Medicine."

But while we so justly admire the attempts that have lately been made by some of our own country, to throw new light upon the subject; amongst these, Mr. Mantal's paper in your extensively useful Journal for December last, deserves a high tribute of praise. None amongst your numerous Correspondents have ever taken up the subject, or discussed the merits of that excellent Treatise on Gout, and the use of the bark in that disease, written originally in Latin by Prof. Tavares, and which Dr. Adams has been so kind as to give us in English, through the medium of your Journal. The only reason I conclude of this neglect is, that we are too apt to overlook foreign publications, even of more enlightened countries than Portugal, seeing our own island stands so high in the medical world. And even here also I confess we have a proof of this; for although I can never sufficiently thank the Archiatros of Portugal and commend his treatise, yet I believe we shall find that one of our own countrymen, Dr. Kentish, in a treatise written about fourteen years since, will have the honour of priority in respect to his views of the nature of the disease, and of the use of the bark in the cure of it; but as it has been so amply confirmed by the Professor, both in his own case and in the cases of others, we are highly indebted to him; and if you will give me leave, I will add my testimony to the truth of it in my own case also.

As well as I can remember, the first attack I had of gout was in the instep, in the autumn of 1782, before I had reached my twenty-fifth year; there was no external inflammation,

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inflammation, and very little pain except on moving, and in a few days it entirely left me. I felt nothing more of it till the month of July in the next year, when I was seized with a severe pain in the great toe of my right foot. The paroxysm, though severe, was very short; four or five days I believe put an end to it. Although I have little doubt that the disease is hereditary in me, yet I believe that at this time it was brought into action by certain causes, which would have produced gout in subjects where it was not so. Early disappointments, severe losses, with their attendants, anxiety, vexation and care, joined with the fatigue, watching and cold, to which medical men are subject, and producing a train of dyspeptic symptoms, are sufficient causes, without the aid of dissipation, to produce gout; but though I had from other motives than that of prevention, quitted my former mode of living very soon after this last paroxysm, yet, in the latter end of 1784, it returned, and continued as before. Thus it did four other years following, without affecting any other part than the feet, and without any material derangement of the system. In October, 1789, notwithstanding my regular mode of living, which I have continued ever since, it attacked the knee and right hand; and in January, 1791, after suffering much from the duties of my profession, I was seized with a most severe paroxysm, which affected almost every joint; this lasted a fortnight, and just as it was over, before I was able to quit my room, I was under the necessity of visiting a patient in a critical situation, which immediately brought on a relapse that confined me a fortnight longer. From this time, despairing of a remedy, I became dispirited, and was obliged to relinquish a considerable part of my practice. Till this time it was only once in the year that I should have an attack; but after this it would be more frequent, and almost every joint in rotation affected: and for these last ten years I know not how many paroxysms I have had in each year; but generally three more distinct than the others; one, as the rain sets in, in the autumn; another every year but the present since 1797, about the beginning of January; and the other in one of the rainy months in the spring. To such a sufferer, how welcome was the account which Prof. Tavares gave of the use of the bark, and which happily came to my hand before the autumnal paroxysm came on. This happened on Wednesday the 17th of October last, about ten days after the rain sat in, when, after several days indisposition, I was seized with a severe attack in the right shoulder; the pain increased towards night with

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with great violence, and gave me every reason to expect a general attack. I passed a very painful night, and by the morning the pain extended to the elbow; it was now I determined to try the bark. From something I had eaten the day before I had two lax motions early in the morning, so that I judged any previous purgative unnecessary. My stomach was quite relieved, and I was well prepared for it. I began at ten o'clock on Thursday morning, and took two scruples only every two hours, or as often as my stomach would bear it, mixed with a few grains of puly. arom. and two tea-spoons full of brandy. I passed the night comfortably, and almost free from pain. The support and comfort I felt from the medicine rendered the use of wine and other stimuli, which I had been accustomed to take, almost unnecessary. I was so well on Friday as to conclude the whole was over; but in the afternoon the bark affected my bowels, and produced two or three evacuations; I was immediately seized in the hand, and it became severe. This I considered simply to arise from the bark losing its influence on the system by this unwished for effect. I then took about ten drops of laudanum with the next dose, and fifteen at night without the powder; this produced the desired effect. I suffered from my hand three hours pain only, and this much more tolerable than usual; and on Sunday a perfect crisis took place. I could not sufficiently express my feeling on the occasion, frequently saying with Gotfs. Held, "Cortex peruv. in podagra remedium est divinum;" and I thought

"The joy half lost, because not sooner found."

I have reason to believe the attack would have been general, because for these last ten years I have scarcely ever been seized in the hand without suffering in every part, and because I felt, as it were, a faint impression of the pain in all those joints that were usually affected in the progress of the disease. In a few days I was able to quit my room; and on the 29th I was so well recovered as to visit a patient without suffering a relapse, as was generally the case; but this happened about a month after, and gave me a further and clearer proof of the efficacy of this remedy. The shoulder not having quite recovered its strength, and using it inadvertently, by a much greater exertion than usual I brought on the pain; and being obliged to go out the next day, (Wednesday, November 28) and suffering also from a blow on my knee, I was threatened with another severe paroxysm. On Saturday

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the pain left the shoulder, and threatened to attack the knee and feet. I instantly took a sufficient quantity of elect. sennæ, to produce two or three evacuations. On Sunday the pain seized the knee that had been bruised, and was rather severe; I then began the bark; and after taking only half an ounce, the pain and all the other symptoms left me entirely, and more completely than at first, which, I suppose, agreeably to Prof. Tavares, was owing to the previous laxative. From this time to the present day I have enjoyed better health than I have at this season for several years; and notwithstanding the winter has been unusually severe, and every arthritic in the neighbourhood confined by the disease, I have been able to go out at all times, being more bold than formerly, knowing the remedy is at hand. From this I think I might say, with a little variation, with Virgil,

> O fortunati ..... bona si sua norint
> Arthritici.

The remarks I have made are as follow:

The fit has always been made up of distinct paroxysms and remissions, and it has generally been ten days before any thing like a crisis has taken place. The usual paroxysms are about ten o'clock A. M. and seven P. M. The rigor, succeeding heat, and perspiration resemble more a fit of ague than any other disease. The attack has almost always been in the rain months. I consider it to be the offspring of debility, as abstinence and fatigue will invariably produce it in me; and the evening paroxysm is always lessened in proportion as I have been able to take some solid food at dinner. I found this so essential to me, that I have endeavoured to get an appetite by taking some wine, or spirits and water, about an hour before; and from not accustoming myself much to stimuli in health, I find the greatest benefit arise from their use in this particular during the whole gouty paroxysm. This being the case, I was more easily prevailed on to try the bark, especially as it has been given in some cases as food. I found it to be so in reality; and I am persuaded it may be taken in much larger doses if there be occasion. The cautions I observed were to guard against symptoms of indigestion on the one hand, and against its purgative effects on the other. Omitting it soon after meals and the last thing at night, and taking some aromatic tincture with it, prevented the one, and a few drops tinct. opii invariably prevented the other. I consider that regular good living, avoiding every thing that will occasion indirect debility, and as much exercise on

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horseback as can be taken without fatigue, avoiding suppers, and keeping early hours, the best methods of preventing a return of the paroxysm. I have observed, that after every fit, for these last ten years, I have been subject to a relapse twice or three times, or till the disease had worn itself out, or, more properly, till I had gained strength enough to resist it; how much this resembles ague! But this has not been the case now, as I was not so much weakened by its long continuance. Yet still there are not wanting those who oppose even this method of curing the disease. Apoplexy and hæmoptysis are held up as the dire effects. Since my remembrance, the cure of ague also was to be purchased at the great expence of liver complaints, dropsies, and obstructions of various kinds; but Prof. Tavares has been eight years a living proof to the contrary; and I look forward to the time when this prejudice will be so far removed as it is now in regard to ague.

From the attack invariably beginning with rigor and other symptoms of fever, and from the effects of the bark, I have considered the inflammation on the extremities as the effect of fever; in the same way as in the small-pox, measles, and other exanthemata, the eruption is generally in proportion to the fever, and our aim being principally directed to the cure of it by cold; might not a general exposure to cold air, on the first approach of the paroxysm, be of service in the gout also? Every one knows that very frequently a paroxysm of gout is preceded by symptoms resembling catarrh; and we have all heard of the case lately of the physician and his apprentice boy, who, by leaving his master's house, and lying in the street all night, was cured of a violent catarrh, with which the rest of the family were also affected. This led the Doctor to alter his mode of treating the complaint. Instead of nursing his family, keeping them hot, and sweating them, he exposed them to the air, and the happiest effects followed. I have also put this method into practice, both under my own roof and elsewhere, with similar success.

In speaking or writing on any disease, I would always observe this motto,

"De morbis nil nisi verum."

I am, &c.

Falmouth, Jan. 30, 1805. STEPHEN LOWRY, M. D.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE melancholy case of gout, detailed by Mr. O'Neal in the last number of your Journal, forces from me some animadversions on the rash practice which was employed in it, and which, I hope, will be a warning to those who favour Dr. Kinglake's mode of treatment, how they persist in cold applications, heedless of the appearance of dangerous symptoms, until it is too late to reclaim their hasty measures. In justice indeed to Dr. Kinglake, I think the practice in this case was injudiciously carried much farther than he himself would have ventured upon; and that, in his remarks on the case, he pays too great a deference to Mr. O'Neal's opinion, in referring to apoplexy, symptoms, which every unbiassed practitioner will pronounce to have been repelled gout. Indeed, Gentlemen, you must pardon my surprize at your delay in publishing Mr. O'Neal's case (which is dated in September last), when cases of fortunate termination are immediately inserted in your Journal; and I shudder to think how many fatal cases may have unfortunately occurred from the indiscriminate application of cold, which an earlier insertion of this case might have prevented. I hope I am not mistaken, when I view in Mr. O'Neal a youthful enthusiast, laudably ardent in the cause of science and humanity, but whom experience hath not yet taught to adopt, with limitation and caution, such opinions and practices as run counter to the observation of many ages. If, with experience as yet necessarily limited from my years, I may be allowed to quote myself, I would mention that I formerly used, without the proper cautions so judiciously laid down by Dr. Currie, the cold treatment in fevers, of the good effects of which, under these restrictions, I am daily more convinced by farther trial; and have now only the consolation of believing, that although the cold was applied injudiciously and with bad effect, the cases were of such a type, and in such patients as would most probably, under any treatment, have terminated fatally. I too am an advocate for Dr. K's practice in a limited sense, and am far from taxing him, as Mr. Edlin (except he had produced some proof of his assertion) has uncandidly done, with giving fictitious cases; but I will say, that I view with distrust some of his narrations, as I would do those of every

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man who has attached himself strongly to a particular hypothesis; knowing how much a favourite opinion stands before and obscures the correct and dispassionate judgment of even the keenest observer. Many parts of his theory I profess I do not understand, and cannot therefore accede to. To some sentences in his work I can attach no meaning whatever. That cold is indicated, and may be safely applied in young robust subjects under the first paroxysms of gout, when the inflammation of the foot runs high, and where there has never been shown any atony or great derangement of the stomach, or other vital viscus, I must admit, and would give Dr. K. every credit for so far introducing this practice to public attention. I would also give it as my opinion, that thereby the paroxysm being shortened, the patient will perhaps be spared a long confinement, and the parts will be left in a less debilitated state, and with less disposition to a return of the disease, provided the proper general regimen be strictly pursued. But I think such cases are comparatively but few. Without disputing with the doctor about the diversity of the structure of parts, and the gouty inflammation being confined to those of a particular conformation, and letting others argue as they please about the existence and nature of gouty matter, and upon other points in dispute, which perhaps the present state of pathological knowledge, whatever it may afterwards become, will not yet permit us to solve; I would only request his attention to the following questions, and the serious inquiry of every practitioner into these and other phænomena of the disease, before they prevent it from wasting its accumulated influence on parts least essential to life. Are not most attacks of gout in the limbs, especially after the first or second, and when the patient's constitution has previously been impaired by the disease, preceded by more or less affection of the stomach, consisting generally in atony, impaired digestion, and disturbed action of the chylopoetic organs and consequent derangement of the whole system, which symptoms are relieved or disappear on one or more of the joints becoming affected with the gouty inflammation? Does not this inflammation sometimes suddenly disappear, and a train of alarming symptoms immediately ensue; either in the head, and consisting of coma, and a loss of sensation and motion; or, as most frequently happens, in the stomach, indicated by a torpor, or even total suspension of the powers of that organ, which if it continues for any time terminates in death? Is not this fatal retrocession often

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often the effect of cold and other repellents (I use these terms in a general sense, as convenient, without wishing to involve any particular theory) injudiciously applied soon after the gouty inflammation has appeared, or before it seems disposed to fix itself, and is yet flying from joint to joint? If these alarming symptoms have not proceeded far, and are combated in time, do they not cease on the reappearance of the inflammation, or swelling externally? Have we not all heard patients themselves, people unbiassed by hypothesis, in an early stage of the paroxysm, and while the pains were yet flying about, declare, that if by chance they exposed an arm or leg for any time to the cold air, they immediately felt an uneasy sensation and *sinking* at the stomach? When indisputable cases of the most unfortunate sequel occur, are even numberless cases terminating favourably to warrant more than a very guarded practice? Was not the disease in the unfortunate case under consideration, successively driven from the extremity to the stomach and head by the means employed? And might not a valuable officer have been saved to his country, by allowing the inflammation to fix in the foot, as it seemed disposed, and by moderately indulging the salutary craving of nature to support the tone of the stomach?

March 5, 1805. R. S.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE narrative of Mr. Mace's case, detailed in the last number of your Journal, by Messrs. Scott and Taynton, is replete with valuable information on the refrigerant treatment of gout. In this case, irregular symptoms arose in the practice highly worthy of comment.

The diversity of the human temperament is so vastly extensive, with respect to the motive powers of life, that it is but natural to expect in the same general disease much occasional variation from the common standard, both in the mode of the affection, and in the influence of the means which might be instituted for its cure. A marked peculiarity presents in the constitutional manner in which gouty inflammation had uniformly affected the patient al-

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luded to. It is asserted, that in all former instances of the disease, and when the cooling treatment was not employed, the same chain of morbid irritation prevailed. This diseased state of sympathetic action seems, by long continuance, to have acquired a fixed establishment, not readily to be subdued by the prompt removal of the local excitement, which appears to have produced it. No uneasiness is stated to have disturbed any of the visceral parts previously to the appearance of inflammatory gout on the joints, either in the recent instances under consideration, or on any former occasion; it is therefore fair to infer, that this affection must have been solely symptomatic of the local pain; nor does the circumstance of visceral disease remaining after the removal of the local pain, at all militate against this conclusion.

Morbid actions, however generated, or however linked by sympathetic connection, neither arise nor cease at the same time throughout their whole extent, but begin, increase, diminish, and terminate by portions. Thus, a locked-jaw, resulting from a punctured ligament or tendon, does not cease with the discontinuance of the local torture which induced it. The wound which caused the spasmodic affection may (as the source or first link in the chain of morbid excitement) be healed, yet the diseased state of motive power, pervading the intermediate parts from the seat of grievance to the muscular structure of the jaw, might still remain, and exert with undiminished force its noxious influence.

If habitual gout in any joint should engender diseased sympathy with the visceral organs, the menacing effect of the association will be liable to be shewn in symptoms of reciprocal disorder. This consideration furnishes the most cogent argument for promptly subduing the local disease, lest its protracted existence should open and eventually establish a hazardous state of morbid intercourse with parts more immediately essential to vitality.

The train of morbid evil that constitutes sympathetic ailment in the animal economy is not curable, or even safely transferable, by encouraging and sustaining it on any portion of the disordered parts. The intimate connection, the continuity indeed subsisting between all the parts which may be associated in sympathetic disease, must necessarily render every point of its extent subject to be influenced by an impression made on any portion of it; hence the dangerous tendency of fostering one disease, with a view to the removal of another, and the culpable neglect

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neglect of indulging inflammatory excitement, or gout, on the joints, in the delusive hope of either expelling or obviating visceral disease by its *stationed* agency.

Though no difficulty occurs in assigning a rational cause for the peculiar organic affection, which attended Mr. Mace's case, during both its natural progress and the refrigerant treatment, yet it was highly important to a correct knowledge of it, that its reporters should have precisely stated the motive condition of the vascular system during the disease, whether the pulse had been much accelerated, invigorated, or enfeebled. If the arterial action should have been much excited, (as is not unusual in gouty affection) was it strictly compatable with the refrigerant treatment locally adopted, to stimulate the system by cordial medicine? The sensations of acute pain in the head and stomach, may be justly supposed to have irritated the powers of life too much of themselves, without the farther aid of medicinal excitement. It is not my wish to suggest the slightest disapprobation to a practice which appears to have been directed by *exemplary candour* and *humanity*, but merely to point out the propriety of combating all occurring symptoms, according to their seeming nature. Thus, if violent pain were to occur in either the head, stomach, or any other vital organ, during the refrigerant treatment of gout, it surely would not be strictly consistent with the intention of cure to aggravate the excessive irritation by additional excitement. On the contrary, if a faultering weak pulse should present with spasmodic twitches fleeting through the frame, and either a general or partial sense of deficient heat, it would be advisable to sustain, by the judicious use of stimulant agents, the declining energies of life, until the salutary balance of motive power might be reinstated.

The reporters of Mr. Mace's case will hereafter have to direct their best judgment to the most effectual means of destroying the morbid association, which seems to be established between the inflammatory affection of the joints and the irritation of the viscera. In doing this, they will indeed have to cope with one of the principal evils of prolonged gout, but will probably have nothing to risk if they guide their practice by both the local and general indication of prevailing temperature. The prompt removal of pain would be also preferable to its gradual decline, which may be considered as rather an actual though imperceptible extension of it to such parts as hap-

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pen to be most susceptible of morbid excitement, than its complete annihilation.

The refrigerant treatment of gout is now conducted by either sudden immersion or affusion of the affected parts in cold water, unremittedly continued, until all sense of painful heat be subdued. This decisive mode of practice expedites the salutary efficacy of the treatment, by at once extinguishing the inflammatory heat, and preventing its noxiously stimulant effects being propagated to the system. Instances are now in my possession, and soon will be published, of patients keeping the affected parts in a deep vessel of water for upwards of an hour at a time, and recurring to it with equal duration on the least return of pain. In this way effectual relief has been obtained without in the slightest manner affecting the general health.

It should not for a moment be forgotten, that gout is a disease of excessive temperature, that it is of local origin, and that its sympathetic influence on the system should be likewise treated according to the existing circumstances of heat or excitement; if redundant, it should be diminished; if deficient, supplied. Gout thus managed may, with all its *anomalies*, be confidently encountered; and will be found, even in its most inveterate and difficult forms, safely and efficaciously remediable by the refrigerant mode of treatment.

Your correspondent Mr. Mantal has, in his remarks on Mr. Edlin's account of Mr. Baker's case in your last Journal, exhibited an *unprejudiced* and an *enlightened* view of the nature of gout. He has very judiciously explained the way in which motive irregularity may morbidly affect the healthful conditions of life, and has (as more largely illustrated in my Dissertation on Gout) evinced the propriety of treating gouty inflammation, in both its original attack and sympathetic extension, as a disease of temperature, withholding and adding excitement according to the prevailing sensations of either heat or cold.

My opinion of the nature and cure of gout does not essentially differ from that of your ingenious Correspondent; his intelligent observations therefore on the subject, cannot fail further to elucidate the cooling treatment of that disease.

The want of liberality in Mr. Edlin's statement of Mr. Baker's case, unwillingly compelled me to suspect the purity of his motive in ushering it into public notice, to dispute its credibility, and to offer objections to the conclusion attempted to be deduced from it.

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The umpirage of the controversy now rests with the Public. Mr. Edlin's Case and my Reply to it are both submitted to that high arbitration, the decision of which, and the accumulating evidence of farther experience, must sooner or later irrefragably determine the truth of the question. I am, &c.

Taunton, Feb. 12, 1805. ROBERT KINGLAKE.

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Observations on Cancer, connected with Histories of the Disease. By EVERARD HOME, Esq. F. R. S. Surgeon to St. George's Hospital. London. 8vo. pp. 248

IN an Introduction the author obeserves, that, notwithstanding the destructive nature of cancer, it still remains not only an incurable, but a disease not well defined. This is certainly most deplorably true, and it is with much pleasure we find the subject at last seriously taken up by regular practitioners.

The late Mr. Justamond led the way with a zeal which was supported by sanguine hopes of discovering a cure. Though in this he failed, he has very much served the cause in which he engaged, by a candid acknowledgement of his failure, and an accurate history of the manner in which he gave so many remedies a fair trial. Mr. Pierson followed with "Practical Remarks on Cancer," which, like all that Gentleman's writings, contain a large collection of authorities as well as many useful remarks. Dr. Adams, in his "Observations on Cancerous Breasts," has assumed the bolder task of forming a theory, or at least, a division, of the different species of cancer to which those glands are liable. To what extent he has succeeded cannot easily be ascertained, till we have a much larger accumulation of facts than the present state of the science furnishes. We must, however, allow him the credit of having stimulated the industry of others. To his publication we probably owe Mr. Abernethy's attempt at a classification of tumours, and also the work now before us.

Mr. Home, after regretting that so little has been done towards an accurate investigation of this most painful and fatal malady, goes on to remark, that the most rational mode of diffusing the necessary knowledge is, that each practitioner should lay

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lay the result of his inquiries before the public, in order to form a fund of accurate observations. Perhaps this is the best means that can be proposed, considering those jealousies which must ever exist among men engaged in the same pursuit. But there cannot be a doubt, that if mutual communications were made to each other, and mutual opportunities offered of seeing each other's cases, a much more correct knowledge would be formed; and every work, before it met the public eye, would acquire a degree of accuracy we cannot otherwise expect. Till this desirable event is accomplished, we shall receive with pleasure, and review with candour, every contribution, however imperfect, on this important subject.

Chapter I. contains two "Cases of Cancer, the Origin of which was ascertained." The first subject was a sailor, who four years before his admission into the hospital, by a fall from the main-mast, had reduced the glans penis to a perfectly flat figure. By rest and proper treatment the part recovered its natural form, excepting a small pimple on the extremity, which, six months afterwards, became a painful ulcer.—The symptoms increased, and were further exasperated by a mercurial course. For two months afterwards a variety of remedies were tried in the Lock Hospital, during which the disease gradually gained ground, till he was received into St. George's Hospital by Mr. Home. "At this time, we are told, the glans penis had the appearance of a cancerous tumour, with a small deep ulceration in the anterior part of it; and all round a tuberculated margin forming a thick ridge, partly covered with a thin cuticle, which the author adds, is an appearance I consider as peculiar to cancer." Arsenical remedies were exhibited in poultice, and internally; but with no advantage. The disease continued to increase under every mode of treatment, till the groins partook of the ulceration, fungus, and occasional hæmorrhage; the lower limbs were œdematous; hectic sometimes supervened; the pain and extent of the disease were only arrested in one part, to spread with more rapidity in another; and, in the end, the patient died miserably.

"On opening into the cavity of the abdomen, the peritoneum, which lines the abdominal muscles between the pubes and the navel, was studded over with small white opake bodies, of a firm consistence. Immediately within the abdominal ring, the lymphatic glands were in a diseased state: on the left side there were two of the size of chesnuts; and on the right there were three of the same size: a chain of diseased glands, of different sizes, was traced from these round the margin of the pelvis to the lumbar vertebræ. On the anterior surface of these bones they formed a solid mass, an inch and a half in thickness, completely surrounding the aorta and vena cava. They were met with as high as the sixth dorsal vertebræ, gradually diminishing in size and number to that part; but none could be discovered on the anterior part of the spine, higher up.

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"There was a large cluster of similarly diseased glands at the root of the mesentery, and a few were met with in the mesentery.

"The psoas muscle of the left side, in which the diseased glands were in the greatest number, was studded over by small oval white bodies of a firm consistence, not much larger than millet seed, the interstices between them not exceeding one-eighth of an inch. On cutting into the substances of the muscle, the interstices between the fasciculi of muscular fibres contained a number of the same substances: they appeared to be evidently connected with the diseased state of the lymphatic system.

"These glands, when cut open, presented different appearances; those nearest the groins contained a soft white substance, of the consistence of thick cream; and those higher up in the loins were harder and more solid.

"The liver was studded over on both its surfaces with flattened hard irregular bodies of different sizes, from that of a silver penny to that of a shilling; their internal substance, when cut into, was similar to that found in the glands above described,

"The other viscera contained in the cavity of the abdomen, had their natural appearance.

"Upon examining the thorax, the lungs were found in a healthy state; the heart was rather smaller than it is usually met with. On the anterior part of the diaphragm there were several tumours of the size of chesnuts; and on different parts of the pleura, in both sides of the chest, smaller tumours were met with; all of these resembled, in their internal texture, the diseased glands in the loins.

"I have two cases of cancer of the penis now under my care, the progress of which is very similar to that above described. In both of these the disease began in the prepuce, and extended itself to the glans, which is by far the more common origin of the disease. Mr. Hey (in his Practical Obervations in Surgery, illustrated with Cases) has given so many accurate histories of cancer of the penis, arising from this cause, as to make any addition to them superfluous."

On this important case we shall make no remarks, but that, in the description of the appearances after death, we confess we expected from Mr. Home a more accurate account of these tumours. In some places we read of tumours, in others of diseased glands, and, lastly, we are told that the tumours resembled the diseased glands. Now we shall be glad to be informed, what proofs there are that any of them were glands, or that they were not all such? Among the old physiologists, it was customary to call every appearance of this kind a gland; but our readers will see, that if a gland is so much altered as to become a tumour containing a soft white substance of the consistence of thick cream, it will be difficult to say what the original structure may have been, or whether the whole were new-formed parts.

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The second case was in the foot, and either arose from, or was first discovered in consequence of, wearing a tight shoe. The mischief continuing to increase for a great length of time, the limb was at length amputated. Though the diseased action had extended to all the surrounding parts, it does not appear that the glands were affected. The tumour is said to have "the striated texture which characterizes the disease." We sincerely wish to have been informed, whether by *the disease* is here meant cancer. We acknowledge there are often tumours of such a description as are not easily described; but in that case, we wish the account not to be so entirely unembarassed.

Chapter II. contains cases of tumours in the breast, which were indolent in their origin, and became afterwards true cancers. The three first cases were removed during their indolent state. But the author conjectures they might have proved cancerous by the result of the three following ones. The similarity is not easily ascertained. However, those who wish to compare them with each other, and with cases which have occurred in their own practice, must consult the work itself.

Chapter III. contains "Cases of Cancer of the Breast, which illustrate many of the Symptoms of the Disease." The first was the effect of a blow at the early age of fifteen. The author had not an opportunity of seeing the conclusion of the case, but we regret much that he has given no description of the tumour after it was removed.

The inference we should draw from the next case would be, that whenever the operation is performed, it is best to remove the whole breast; and where the glands of the axilla show the disease, to remove also as much of them as the knife can reach. This woman submitted to the operation four times. The texture of the first tumour is not described.

We have next a case of cancer in the breast, in which the lymphatic glands towards the clavicle were the only ones contaminated. This affords no practical remarks, as the patient is still living, and none of the diseased parts has been removed by art.

The following case is of cancer in the breast attended with swelling in the arm, from the effects of the disease on the glands in the axilla. These cases are very common; but we could wish, that before this time, the nature of this swelling in the arm were better understood. We well know that the lymphatic glands and vessels are so universally diffused, and anastomose so universally, as to keep up absorption after the destruction of many of them.

In the next case the swelling of the arm did not take place till after the operation, and by its increase produced so much pain as to terminate the life of the patient. It appears that the disease had extended to the ribs and muscles of the chest.

The next case affords no practical hints, excepting that it spread (as the author supposes by the glands) towards the sternum.

In the following case, however, small tumours were produced over

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over a considerable part of the body by the contamination of the skin.

In the sixteenth case a tumour was extirpated, and during the healing process the skin appeared contaminated; but by destroying the parts the patient continued free from the disease. We have no account of the tumour taken out.

In the succeeding case the disease had affected the pectoral muscle before the operation was performed. Afterwards an appearance followed, which very much resembled that disease so well described by Mr. Hays under the name of Fungus Hæmatodes. We have again to regret that no account is given of the appearance of the tumour first extirpated.

In the eighteenth case the disease extended over the lungs in such a degree as to prove fatal. Tumours of different kinds were found, which the author considers as the lymphatic glands of the lungs.

In the nineteenth case considerable inflammation attended the disease in consequence of a journey. In the event, it appeared that this inflammation was not cancerous.

The twentieth case was attended with pain and swelling in the arm, without any apparent disease in the axillary glands. This should at least teach us to doubt whether swellings of this kind are ever occasioned by obstructions in these glands.

In the succeeding case the principal pain experienced by the patient was found by the operation to arise from the pressure of the tumour on the nerve; a similar instance is related in an abscess by the knee.

A case follows, in which the cancerous tumour mortified and was cast off, but the local disease afterwards spread, and other parts about the body began to mortify.

The succeeding case contains nothing but what often occurs.

The next Chapter contains two cases of Hydatids in the Breast. The first, Mr. Home supposes arose from blood originally effused and coagulated. Being afterwards absorbed, the surrounding parts were too compact to collapse and fill up the space, in consequence of which a watery fluid was deposited. This, it is added, is *exactly* similar to what happens in the brain. We would gladly know how our author acquired this *exact* information? From this and the succeeding case, and also from the frequent occurrence of these cysts in cancerous breasts, Mr. Home very rationally supposes that hydatids are not necessary to the existence of cancer, but accidentally found in those tumours. This appears to be Dr. Adams's opinion of what he calls the lymphatic hydatid, or watery incysted tumour.

Two cases follow of cancerous tongues, which proved fatal without any operation. In the section of one of them after death, immediately under the coronal process of the lower jaw was situated a hard and conspicuous tumour, which, on examination, appeared to be a gland weighing two ounces and a half, measuring an inch

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inch in thickness, and a trifle more in diameter. We much regret that we are not instructed how we are to distinguish what are really glands in this altered state. The thyroid gland was diseased, but we are not informed whether it had the same appearance as the enlarged one above-mentioned.

A Chapter follows of cases, which illustrate the symptoms of cancer in the testicle. These cases are all valuable, and the description of the original tumour in all, and in most of those in other parts of the body after death, are given, we doubt not, with accuracy, but not with sufficient minuteness. In one case we have an account of the greater part of the body being filled with diseased lymphatic glands. On cutting into them, it was found that "those which had not arrived at suppuration contained a substance, not unlike soft cream cheese; those further advanced, appeared to be only a bag containing a whitish matter tinged with blood, and some nearer the pubes consisted of a white thin matter like cream with no tinge of red whatsoever." In another case, the diseased part, which was removed, consisted only of a thickened tunica vaginalis filled with firm coagulum. On examining the body after death, there were found large masses of swellings, not much firmer than strong coagulated milk with the whey in it. These masses extended up the left side along the back; on the epiploon was a large mass connecting the colon, stomach, and other viscera together. The liver was studded with similar tumours. We presume they were enclosed in some sac, but that is not described. There seems to have been no suspicion that these were lymphatic glands.

Two cases follow of cancer in the rectum, from which, and the author's observations on other cases of cancerous intestines, he remarks that he has never found the absorbents affected from these causes. This would lead us to suspect that such diseases are essentially different, though equally incurable. Some good practical remarks follow.

We have next two cases of the disease which Mr. Hunter called a fungated sore. As amputation of the limb was performed in both, it is to be regretted that no account is given of the appearances of the limb.

A long Chapter follows "on the Nature and Progress of Cancer," which is as full of alternate description, conjecture, proposals, and caution, as are usually met with in most authors on this subject. Some remarks succeed on the different modes of extirpating cancers, in which the author shows that the actual cautery is by no means so formidable as it appears to be. He however prefers the knife on most occasions, and offers some useful remarks on the mode of extirpating cancerous tumours from the breast by that instrument. The paper read before the Royal Society on the extirpation of tumours from the tongue by ligature is somewhat enlarged; and the work closes with remarks on the mode of extirpating by the knife, cancerous parts in the testicle, skin, and other places.

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Such is the nature of this work, of which we have given a very ample detail. The subject is highly important, and the advantages Mr. Home has enjoyed in so long a communication with Mr. Hunter, induced us to expect much information from him. If we have been disappointed, we impute it rather to the intricacy of the subject than any deficiency of ability or industry in the author.

A concise and systematic Account of a painful Affection of the Nerves of the Face; commonly called Tic Douloureux. By S. FOTHERGILL, M. D. *Physician to the Western Dispensary.* 12mo. pp. 105.

THE *Tic Douloureux, Trismus Dolorificus* of Sauvage, or, as the author of the Treatise before us terms it with more accuracy, *Faciei Morbus Nervorum Crucians*, is perhaps the most painful chronic complaint with which we are acquainted; and though comparatively rare, practitioners have every now and then the misfortune to meet with it, and to deplore the intense sufferings of the patient, and the lamentable inefficacy of the common resources of art.

The written descriptions of this disease are few and of modern date. Dr. Fothergill, uncle to the author of the present treatise, was the first who distinctly brought it into notice in England; since which time a more detailed and laboured history of the disease has been published in France, by M. Pujol, entitled, *Essai sur la Maladie de la Face*; a learned paper with comments on Pujol, by Thouret, inserted in the Mem. de la Societé Royale de Medicine; a few detached remarks on the subject, with cases, in some foreign Journals; and lastly, but certainly one of the highest in value, Dr. Haighton's succinct comprehensive paper, inserted in the Medical Records and Researches, containing also the proposed plan of cure by division of the nerve.

From these authorities, and, as appears, from some personal experience, Dr. F. has drawn up, with judgment and fidelity, the present monographic description.

The several ramifications of the second branch of the fifth pair of nerves are the chief parts affected by this terrible disease. The author's more detailed description is the following.

"The most frequent seat of the affection, is the nerves over the os malæ, just below the orbit; the ala nasi, upper lip, teeth, and gums. When this is the case, it will be found to proceed from the second branch of the fifth pair of nerves, the *superior maxillary nerve*, which passes through the foramen rotundum, and whose branches are chiefly distributed to those parts. Sometimes the forehead and temple, and inner canthus of the eye, and even the globe of the eye itself, are first affected, from the first branch of the fifth pair, the ophthalmic branch being the subject of the disease; and as there are some cases recorded in which the patient suffered much from an effusion of scalding tears, it might probably arise from that branch of the ophthalmic, which goes to the lachrymal gland, being affected. The two other chief branches of the ophthalmic

thalmic, which are, however, very rarely the seat of this affection, are the frontal and the nasal; the first of which is distributed to the muscles surrounding the eye, and the muscles and integuments of the forehead; whilst the nasal branch passes obliquely through the orbit, giving off one or two twigs to the fasciculi of the ciliary nerves; and then is continued betwixt the superior oblique and adductor muscles, passes through the internal orbital foramen; and, after again entering the skull, passes once more out of the cranium through the cribriform plate of the ethmoid bone, to be finally distributed to the superior spongy bones, and frontal sinuses: when, in addition to the parts already named, the lower jaw and tongue are affected, the third branch of the fifth pair, or lower maxillary nerve, is diseased. Perhaps, as frequently as any of these nerves, is the portio dura of the seventh pair diseased; it gives off branches to most parts of the face, and, from its spreading, is named pes anserinus. Its branches communicate with several of those of the fifth pair. The distinguishing mark of its being affected is, that besides the parts already enumerated, we find pain in the ear, the mastoid process, and the angle of the lower jaw. The disease then is chiefly confined to the fifth pair of nerves; of which most frequently the second branch only is affected, and the branches of the portio dura of the seventh pair. But, from the intimate connexion of most of the branches of these nerves with each other, the disease seldom continues long without extending its ravages; and, as there are communications more or less intimate between, I believe all the first seven pair of nerves, which are distributed to every part of the head and face; it is just to suppose that, in very inveterate cases, all the nerves may be affected."

The description of this disease is necessarily defective in two great points, the predisposing and the proximate causes, for since the indefensible hypothesis (or rather only conjecture) of the celebrated Dr. Fothergill of a cancerous acrimony, not a plausible opinion of the cause has been advanced. The author does not add to the number of conjectures, but indulges himself in some very trite invectives against speculative reasoning and futile hypothesis on medical subjects, which, with singular infelicity of observation, he asserts to be the peculiar folly of the present day; an assertion which the least insight into the history of medical opinions would shew to be utterly void of foundation.

The diagnosis is important, not so much to insure the right treatment of this disease (as unfortunately it baffles every resource of medicine) as to prevent the patient from undergoing the additional pain and trouble of the remedies used in the disorders with which it may be confounded.

The most vexatious of these mistakes is for the tooth-ach, as it leads the practitioner to propose, and the patient to suffer (for he will generally submit to any thing in this excruciating disorder) the loss of many sound teeth with no benefit whatever. We shall transcribe part of the author's diagnosis.

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"From odontalgia, then, it is known by the age of the patient; the morbus crucians seldom appearing before that period of life when the tooth-ach is least prevalent, and when there are often very few teeth remaining. But what is chiefly to be relied upon, and which peculiarly distinguishes it from all other affections, is the shortness of the paroxysm, and the rapidity of its succession; and during the interval, an entire freedom from all pain; the seat of the pain, and its darting in several directions, according to the particular nerve affected, with an acuteness and poignancy differing from that of the tooth-ach, which seems to strike deep, whilst the pain of the morbus crucians is always more superficial, and infinitely more lancinating; and lastly, the convulsive twitchings, which, though not always present, are very frequent, and are never experienced in odontalgia.

"From rheumatism it is distinguished by a paroxysm being excited by the slightest touch; by the shortness of its duration, and the extreme violence of the pain: neither are the symptoms similar; for in rheumatism, if acute, there is general fever, redness and increased heat in the affected part, and generally swelling; if chronic, the pain is dull, obtuse, long continued, and often increased at night; but none of these symptoms occur in the morbus crucians. When rheumatism and tooth-ach are combined, the symptoms are equally distinct. In such cases there is rarely an interval of ease, and the night is generally the period when the pain is most troublesome.

"From syphilitic pains, the disease is readily known by their history; their great alleviation during the day; their increased violence when warm in bed; and by their uniformly yielding to the use of mercury.

"From gout, the morbus crucians is easily distinguished, by the patient passing in a moment from perfect ease to the utmost torture, which again as suddenly ceases; and there are many symptoms in gout, that are not present in the disease we are treating of: indeed, I only know of one in common with both, and that is pain; but even this differs sufficiently, to prevent the least difficulty in discriminating between the two diseases."

The painful disease termed *hemicrania* appears to be more of a rheumatic nature, though nosological writers are not quite agreed as to its symptoms. If hemicrania be considered simply as an intermitting rheumatic pain of the face, the tic douloureux, which resembles it in many particulars, may be clearly distinguished by the circumstance of the pain, in the latter disease, accurately following the ramifications of the affected nerve; so that, as Dr. Haighton has well observed

"An unintelligent patient will frequently describe the dartings of pain so minutely, as to teach the practitioner the distribution of the several branches of the fifth pair, if he had not known it before."

Under the prognosis, Dr. F. introduces some good practical observations by Dr. Curry, Physician to Guy's Hospital.

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In a well-marked case, here given on the authority of the late Dr. Cappe, of York, the following curious fact is added, shewing the power of fixed attention of the mind on a favourite object (independent of any sudden or energetic impression) to overcome a most acute bodily pain.

"A singular circumstance attending this patient, was, that when the pain was very intense, if he resolutely sat down to play at whist, a game of which he was particularly fond, the pain would generally cease, before he had played a single rubber; and whilst his attention was completely absorbed in the game, not another paroxysm occurred.

"This happened too often to be considered as accidental."

Little is to be added, on the subject of the treatment of this disease, to the observations contained in Dr. Haighton's paper. The operation of dividing the nerve is fully justified by the extreme acuteness of the disorder, and by the considerable degree of success that has attended this mode of cure. It is well known that this operation, though a radical cure in the part immediately affected, does not always prevent a recurrence of the pain in collateral branches of the nerves.

How far the pain may be safely followed up by the knife, and when it would be prudent to change the exterminating for the palliative plan of treatment, is yet doubtful, and must besides be determined by the circumstances of the individual case.

The Popular Compendium of Anatomy, or, a concise and clear Description of the Human Body, with the Physiology, or Natural History of the various Actions and Functions of its different Organs and Parts; containing also an Article on suspended Animation, with the proper Means to be used for the Recovery of drowned Persons. By WILLIAM BURKE, Surgeon. 12mo. pp. 261. London, 1804.

As much real knowledge in Anatomy and Physiology as the student will acquire, and as much curiosity as will be excited in the general reader, by the perusal of any brief compendium assisted by two or three minute engravings, may be fairly expected from a selection like the one before us, correct, sufficiently well distributed, intelligible, and in all respects very much to the purpose. An analysis of its contents would be idle, the following will serve as a specimen.

"Amphibious animals can live long without respiring; they exhibit a less complicated system for the function, they have no ribs, no diaphragm, no chest in fact. The respiration of frogs will illustrate this; they breathe through the nostrils, and distend their throat with air; the muscles of the throat force it into the lungs, which are emptied by a slight motion of the sides of the creature. So that they swallow the air by their broad extended jaws, and come to the surface of the water to procure it only occasionally.

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"The lungs in these animals, and in lizards, the camelion, and even the crocodile, who all breathe in the same manner with the frog, are thin, delicate, transparent bags, with but few arteries and veins distributed upon them; which is the reason that they require the influence of the air in a slender degree only.

"Fishes again have a mode of respiration peculiar to themselves. They breathe air when mixed with water, and this office is performed by their gills. These are formed by tender membranous fringes, through every part of which the blood circulates. They are protected by broad flaps, which move, as it were, upon hinges. These fringes are separated when the fish opens its mouth and drives the water backwards by a motion of its jaws, so that it is forced between each feathery extremity of the red gills. Here the blood is exposed to the water and the air which is dissolved in it; for fishes can no more live in water deprived of its air by boiling, or by an air-pump, than man or quadrupeds can live in a vacuum. If put into such water, they rise to the surface and gasp for air. Fishes cannot breathe in air alone, for that element is not accommodated to the mechanism of their lungs.

"The breathing of fishes unfits water for that function, as air is corrupted by the respiration of man; if we separate the air from the water in which fishes have lived, it is no longer the same air it previously was, and it is contaminated precisely in the same way as air is which has been respired by man. Hence it is that fishes when confined in a small vessel rise to the surface, and that in frozen ponds they crowd around the holes which are made in the ice. Even shell-fish have a sort of gills for the performance of this function; and the beard of the oyster is a curious and admirable example of their structure.

"The last species of animal respiration we shall notice is that of insects. They have no breathing organ like the lungs, but their bodies are pierced with air tubes in every direction. They divide very minutely like the delicate vessels of leaves and flowers, and penetrate every part of the animal; but the objects are so small, and the changes of form which insects assume are so rapid, that we cannot point out all the uses of this peculiar structure."

Mr. Wilkinson's Elements of Galvanism.

(Concluded from pp. 82—87.)

A detailed Journal of Galvanism, collected with much more industry than arrangement, is not a subject for analysis. The discovery of the voltaic pile opens the second volume; and the vast mass of experiments to which this beautiful fact in natural philosophy has given rise, are detailed with sufficient minuteness. The author is known to possess a very extensive apparatus of Galvanic troughs; and the extreme brilliancy of many of the experiments which it enables him to perform, has been witnessed by numerous spectators. The deflagration of metals is attended with peculiarly

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liarly beautiful appearances, and on this subject the author gives the following remarks:

"I have been given to understand, that it was with the celebrated electrical apparatus at Haerlem, made by Mr. Cuthbertson, that the beautiful metallic oxyds were first struck upon paper, each of the metals having produced its peculiar characteristic tint.

"A powerful charge of electricity oxydates a considerable length of metallic wire; while galvanism acts on successive portions of the metal, whenever it is excited by a conducting medium. Electricity produces all its effects by one sudden and violent discharge; while galvanism operates by its continual current. It is on this account, that the sensations produced by their diverse actions, are materially different. The electric shock, from a very small jar, operates on the body by a sudden and percussive effect; while the one which follows the galvanic process, seems to arise from a constant current, attended by a jarring and tremulous sensation.

"All finely drawn metallic wires are rapidly burned by means of a large galvanic battery, the powers of which are in general ascertainable by the extent of fine steel wire, such as the pendulum springs of watches, which the battery will instantly render red-hot. This constitutes the most correct *galvanometer;* while the other, on which I have already touched, ought to be termed a *galvanascope*. A powerful battery, such as the one I generally employ, will induce a red heat on several inches of the above steel wire; and in this way I am enabled to ascertain whether my battery is in proper order.

"To deflagrate finely laminated metals, good charcoal is the best medium which can be employed. As the substance of the metallic leaves, when laminated, is much thinner than that of any wires which can be drawn, the deflagrations are more brilliant, and the light extremely vivid. Some metals exhibit a different appearance from others.

"Gold leaf, having the thickness of the $\frac{1}{282000}$ part of an inch only, is not merely deflagrated, but is likewise completely oxydated, and reduced to a purple powder.

"Silver leaf, which is thicker than gold leaf in the proportion of 7 to 4, is likewise converted into an oxyd, and exhibits a beautiful greenish light. We thus see, that by the powers of galvanic electricity two metals, which resist the utmost force of our most powerful furnaces, are rapidly oxydated.

Copper leaf, or, to speak more correctly, brass leaf, being the yellow Dutch metal made from copper plates, by cementation with calamine without a subsequent fusion, has a thickness nearly five times greater than that of gold leaf. In its deflagration, red ignited particles of copper are detached, on this account, that copper requiring a very high temperature before it fuses, the ignition takes place first. The copper, before it melts, is constantly red-hot,

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red-hot, which is not the case with tin, lead, &c. The Dutch silver leaf, a composition of tin and zinc, about ten times as thick as gold leaf, is deflagrated with rapidity.

" Tin-foil, which is also a composition of tin and zinc, is about 300 times thicker than gold leaf. Narrow slips of this substance are also easily deflagrated. In short, all metals, if in a due state of tenuity, are capable of being deflagrated.

" When metals are placed under an exhausted receiver, they give out light, but are not oxydated.

" When metallic leaves are deflagrated in carbonic acid gas, the light is not vivid; but in oxygen gas, the contact is no sooner established, than the metallic leaves are destroyed with one sudden flash.

" Brugnatelli has conjectured, that the action of galvanism, in the decomposition of water, produces a compound which he apprehends to result from the union of the disengaged electricity with the oxygen, and which he terms an electrat. This electrat is capable of dissolving metallic substances. Thus, with copper, it forms a beautiful green; with zinc, a dark grey; and with iron, a reddish yellow oxyd. These effects, as I have already observed, appear to arise from the combination of nitrous acid and ammonia. They are probably produced in every galvanic decomposition of water.

" Van Marum, in making the circuit through quicksilver, noticed a beautiful effect. The end of a fine wire having been made to form the communication, a powerful combustion ensued, which dispersed the mercury on all sides, and sparkles, having the appearance of thousands of rays, constituting fine suns of several inches in diameter, were produced."

The author then attempts, by reasoning and by some experiments, to invalidate Dr. Crawford's theory of respiration and animal heat, and even to shew that respiration is not the cause of animal heat. The imperfections of Dr. Crawford's hypothesis, and the valid objections to which some of his experiments are liable, are well known to those who have attended to this branch of chemical physiology; but it is not by such inconclusive arguments and unsatisfactory experiments as the author brings forward, that the system of Crawford and Jurin will be overturned.

A few remarks are added on the medical powers of galvanism. As these are given without parade and exaggeration, and with all the appearance of candour and fidelity, we shall extract a few of them. The following relate generally to the application of galvanism.

" In a case of hemiplegia, as before mentioned, a piece of gold leaf having been applied on the right side of the forehead, and another on the arm of the left side, as often as the circuit is completed, the arm becomes convulsively agitated. During the operation, one of the conductors should be left in contact with one of the pieces of metallic leaf, while the other conductor, which

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is employed to complete the circuit, should be removed immediately after the contact is made. The operator should proceed thus for about ten minutes or a quarter of an hour, according to the nature of the case, and the degree of inflammation induced on the parts.

"Very soon after the application of galvanism, an areolous redness is perceived; and if it be persevered in too long, vesications and subsequent ulcerations are produced. These symptoms, which are a little troublesome for the moment, do not require any particular treatment in their cure. The part of the body to which the conducting wire from the copper side of the battery is applied, is always the most powerfully acted on; and if the conducting wires be kept in contact with the metallic leaves, for the space even of half a minute, without being removed, the one from the copper side will produce an acute pricking sensation, very much resembling the bite of a leech.

"In some cases, attention ought to be paid to this difference between the ends of the battery. When it is wished to act on one part of the body more powerfully than on the other, the conducting wire from the copper end should be placed on that particular part. This difference in power corresponds with the effects experienced from the charged Leyden jar, in the case of which, the part of the body connected with the negative side of the jar is more powerfully acted on than the part connected with the positive side. In recent cases of hemiplegia, very good effects are soon perceived. After a few applications, a sensation of returning warmth is felt; and the action of the muscles of the arm restored, as often as the circuit is completed. After the operation, the use of the flesh-brush, persevered in for about a quarter of an hour, contributes to re-establish the circulation of the diseased parts."

Paralytic affections, either general or local, have always been thought peculiarly to demand the trial of electricity, as a powerful stimulus, whose most active operation appears to be upon the nervous system. Galvanism probably stands on the same ground with electricity in this respect, and certainly deserves a trial. The author gives his testimony to its partial efficacy, though in no very high terms. In that species of deafness, which arises from apparent defective energy in the auditory nerves, galvanism seems to have produced very good effects. The author's mode of application is very effectual. It can be properly understood only by consulting the plates. In diseases of the eyes, and incipient amaurosis, which would appear peculiarly fitted for the application of this remedy, no success has been obtained. The following testimony is more favourable:

"In involuntary actions of the muscles, I know of no remedy so efficacious as galvanism. In a contracted state of the fingers, or hands, however violently the latter may be clenched, on the application of this principle for the space of a few minutes, it rarely

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rarely fails to induce a relaxation. In cases of cramp, if of long continuance, and even of tetanus, or locked jaw, it has afforded relief in a short space of time. In contractions of the joints, and in all cases of rigidity, it will be found a very advantageous stimulus, which will greatly contribute to the restoration of motion.

"In the stiffness of the joints, occasioned by the gout, it has come under my observation that the stimulus of galvanism, conjointly with the flesh-brush, has been attended by the happiest effects. It seems to give such a tone to the blood-vessels as to render the circulation more vigorous. In this state of the disease such an effect is very desirable.

"Perhaps, in no case are the advantages of galvanism more sensibly experienced, than in indolent tumours, or scrophulous swellings, which have long remained stationary. By the influence of this principle, tumours of this kind have in a few days been brought either into a state of suppuration or resolution. Many swellings are of such a nature, that their removal by either of these means are desirable. I have frequently applied the galvanic principle with the utmost success in inguinal tumors, which had resisted every other curative intention. The obtuse aching sensation, generally attendant on these indolent tumors, is very speedily removed. In scrophulous affections of the neck, it has been found very beneficial."

In cases of asphyxia, from any cause, galvanism promises to become an agent of infinitely more power in restoring life than any hitherto known. The astonishing experiments of Aldini on mutilated and decapitated animals, exhibit the extreme energy of this principle in restoring all the vital functions; and this, assisted by the judicious expansion of the lungs by inflation, may perhaps, give us a latitude in restoring suspended animation, beyond the most sanguine expectations of the most zealous philanthropist. In this point of view, galvanism certainly merits the most persevering research. The author of the volumes before us has shewn himself equally as well qualified to pursue the science as to impart his knowledge to others. We heartily wish him success in this new and interesting branch of natural philosophy.

Account of Diseases in the Finsbury Dispensary, from January 20, to February 20, 1805.

Ophthalmia	16	Pneumatosis	1
Pneumonia	6	Dyspepsia	12
Catarrhus	10	Diarrhœa	6
Phthisis	8	Morbi Cutanei	10
Asthma	4	Morbi Infantiles	15
Chlorosis	13	Febricula	7
Amenorrhœa	8	Cephalea	1
Menorrhagia	5	Rheumatismus	5
Asthenia	17	Enteritis	1
Anasarca	3		

This

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This is the period of the year at which inflammatory complaints are more particularly apt to occur, although at no season do they bear any considerable proportion to that vast mass of maladies with which the present race of mankind are liable to be afflicted.

Diseases have retained their ancient name, whilst they have been altered in their intrinsic character, by a gradual progress of innovation in the fashions, habits, and circumstances, of modern society.

Sydenham was the first physician of his day, and, perhaps, has not been surpassed in reputation or in merit by any previous or subsequent practitioner. But if his mode of treatment were, out of respect to his venerable authority, to be adopted in cases that are now submitted to our professional care, it would prove as deleterious as it formerly was conducive to health and the preservation of existence. It is on this account that that learned lore, on which so many pride themselves, is of little actual service after a man has passed through the elementary stages of a regular medical education. In the productions of classical authors he reads of diseases which he has no opportunity of seeing, and for the cure of which he is never called upon to exercise his science or his skill.

The merely book-taught physician is apt to be misled by the denominations of diseases, with regard to their causes and essential nature. This is, in no instance, better exemplified than in cases of fever. The old-fashioned fevers that were contemporary with Sydenham, and even with Hoffman, were characterized by features of high and active inflammation.

Inflammatory fever, at present, scarcely ever occurs. The febrile affections that now prevail are, in general, marked by an extreme of debility, and every symptom that follows from an exhaustion of the mental and physical energies of the system.

In these latter affections, inordinate and increased action is often conspicuous. The patient not unfrequently exhibits more muscular exertion than would have been accomplished in a condition of health. This, however, is a demonstration not of augmented, but of oppressed power. Extraordinary efforts of this kind are, in general, made during the delirium of typhus, a state in which the depression of strength is particularly remarkable. These fugitive and abrupt exhibitions of morbid energy are very far from indicating the genuine characteristic of strength, which shews itself only in a capacity for regular

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gular and continued action. The human machinery is of so complicated a structure, and its motions, although various, are all so connected and dependent upon each other, that its derangement in one part may produce a temporarily increased action in the whole machine, in the same manner as a watch chain, if broken, will run down with increased and inordinate force.

Although general affections of an inflammatory nature so very rarely occur, local and organic diseases of this kind are by no means uncommon. A very obstinate and critical case of pneumonia, or inflammation of the lungs, is, at present, under the care of the Reporter; the symptoms of which he has sensibly relieved by repeated bleedings from the arm. Such a state of constitution requires a considerable degree of delicacy in the treatment of it, as debility is an invariable attendant on this disease. But it ought to be considered, that in such cases, bleeding, so far from diminishing strength, is calculated to increase it, by relieving the oppressed vessels from a load of blood, which is disproportionate to the reduced power of propulsion.

This disease, in an early stage, may be counteracted by appropriate remedies; but when, by neglect, or improper management, it is allowed to acquire the exaggerated and alarming physiognomy of phthisis, the physician then has no more to do than to exercise all his talents, merely to sooth anxiety, and to relieve symptoms, without any idea of eradicating the cause of an hopeless and incurable disorder. "Seulement, repandre des fleurs sur les bords de notre tombe, et nous masquer l'horreur de ce passage effrayant."*

J. REID.

Grenville-street, Brunswick-square, March, 25. 1805.

* Chaptal Annales de Chimie.

MEDICAL

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

NON-CONTAGIOUSNESS OF YELLOW FEVER.

Neither the Black-vomit, Serum, nor Saliva of Persons labouring under the Yellow Fever, capable of communicating that Disease. — Dr. Ffirth, of Salem, in New-Jersey, has published a dissertation on malignant fever, with an attempt to prove that it is not contagious. In this he relates a number of experiments which he has made upon the matter of black-vomit, as discharged by persons labouring under that disease. These experiments are bold and decisive; and their author deserves the thanks of the civilized world for having made them. They prove that the dark-coloured fluid voided from the stomachs of those who are suffering the latter symptoms of that malady, is wholly innoxious. They agree in the main with the experiments on the same matter which were related in the Med. Repository of New York, vol. iv. p. 163. But this intrepid gentleman has carried them further than those, and, indeed, far beyond the trials of any other person. We recommend them to the careful consideration of the contagionist here and elsewhere.

Dr. Ffirth fed a dog for a week on bread soaked in black-vomit, and on the ejected black-vomit matter itself. He grew fond of his food, and enjoyed very good health. A cat was kept on similar diet for five days. She lapped the black matter with avidity, and had no symptom of disease. Fresh black-vomit was inserted between the skin and muscles of a dog's back, and confined there. The wound healed by the first intention, the fluid was absorbed, and the creature continued healthy after this extraordinary inoculation. Dr. Ffirth then inoculated himself in the left fore-arm with black-vomit just discharged from a moribund patient; a slight inflammation ensued, which subsided in three days, and the wound readily healed. He confined some of the same dark matter, immediately after ejection, over a cut in his right arm, by sticking-plaster, for two days. On examination at the end of that time, there was no more inflammation discoverable than if the black-vomit had not been introduced. The wound readily healed, and without the formation of pus. To avoid cavil and deception, he repeated these experiments above twenty times, on various parts of his body, with the black matter collected in Philadelphia during the seasons of 1802 and 1803. He put it into his eye without experiencing more inconvenience than cold water produces. He exposed himself to the exhalations of it, while acted upon by heat in an iron skillet, and

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and experienced no unpleasant sensation. He swallowed the thick extractive matter, which remained after evaporation, in the form of pills, without incommoding his stomach. He even went so far as to mix half an ounce of fresh black-vomit with an ounce and a half of water and to drink it. It produced no more effect on his stomach than so much water. He increased the dose to two ounces; and finally swallowed the black-vomit in like quantity, without any dilution at all, and without sustaining the least injury. He inoculated himself with saliva and serum with as little inconvenience!

The following Annual Report of a National Institution in Ireland for the Extermination of the Small-Pox, was transmitted to the Editors by Dr. WALKER, of Salisbury Square.

"On the Business of the Royal Jennerian Society,
"The Secretary,
"14, Salisbury Square.

"Sir,

"I am directed to transmit to you the enclosed Report of our Institution, the copy of an advertisement, &c. and to request that you may forward to us whatever papers you may have published upon the subject of cow-pock.

"I am, &c.

Feb. 26, 1805. "S. B. LABATT.

COW-POCK INSTITUTION,

NORTH COPE STREET, DUBLIN,

Under the Patronage of His Excellency Earl Hardwicke, &c. &c.

Opened on January 14, 1804, under the superintendance of the undersigned physicians and surgeons of this city, for the purposes of securing a succession of cow-pock matter, of inoculating gratuitously the children of the poor; and of supplying the different parts of the kingdom with genuine infection.

Physicians.	*Surgeons.*
JOSEPH CLARKE,	GEORGE STEWART,
JAMES CLEGHORN,	RALPH S. OBRE,
THOMAS EVORY.	SOLOMON RICHARDS.

An Abstract from the Register of Inoculations and Distribution of Matter:

Patients inoculated during the last year - - -	578
Packets of infection issued to practitioners in general	776
Packets of infection issued to army surgeons - -	236

In the above five hundred and seventy-eight cases the cow-pock observed its characteristic mildness, not proving fatal in a single instance, nor even inducing a severe disease.

In

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In two cases, convulsions appeared on the eighth day, but they were evidently produced by costiveness, on the removal of which the fits subsided.

In a few patients the inoculated part (from being irritated) ran on to ulceration, which however was soon relieved.—An ointment composed of one part of ung. hyd. nit. and two of ung. simp. was found most useful in such cases.

No instance occurred of eruptions over the body.—In two cases the children, by scratching the inoculated parts, conveyed the virus to the under eye-lid, where an adventitious vesicle was thus excited, producing much pain and intolerance of light, which however soon disappeared.

Constitutional symptoms were seldom observed; when such did occur, they were but slight and transient.

Delicate children, and those affected with cutaneous eruptions, (particularly with itch) were found more difficult to be infected with cow-pock than others.

No consequent disease has been observed imputable to cow-pock.

No case occurred to excite the smallest doubt as to the *permanent* efficacy of cow-pock, in protecting the system against the small-pox; neither in this institution, nor in the private practice of any of the gentlemen who superintend it.

Strict attention has been paid to investigate several cases of reputed failure of cow-pock, in preventing small-pox, in this city and its neighbourhood, all of which proved, on minute enquiry, to be the effects of ignorance or misrepresentation.

The increasing applications for cow-pock matter, from the country parts of this kingdom, evince that the new inoculation is gaining ground rapidly, and sanguine hopes are entertained that it will soon become as generally practised in Ireland as in Great Britain.

Signed by order,

S. B. Labatt, M. D. Secretary.

Dublin, Jan. 15, 1805.

Mr. Goldson's pamphlet having tended to raise fresh doubts in the minds of the already prejudiced against vaccination in this country, it was thought expedient to send several copies of this paper to every county town in Ireland.

Cow-Pock Institution, North Cope Street, Dublin.

An opinion having been lately circulated, that cow-pock inoculation ceases, at the expiration of three years, to secure the constitution against the action of small-pox, we think it our duty to inform the public, that all the trials we have hitherto made conspire to prove this opinion erroneous.—In the cases which gave rise to it, we believe there must have been inaccuracy in the choice of the infection employed.

By the most moderate computation, it appears that the number of deaths from small-pox in Great Britain and Ireland still amounts

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amounts to between *thirty and forty thousand* annually; a practice which bids fair to put a stop to the ravages of so destructive a disease, we think well entitled to a patient and unprejudiced investigation:—Having no object in view but truth and utility, the public may rest assured, should any thing really adverse to cow-pock inoculation occur to us, we shall be among the first to give notice of it.

JOSEPH CLARKE, GEORGE STEWART,
JAMES CLEGHORN, RALPH OBRE,
THOMAS EVORY, SOLOMON RICHARDS.
Signed by Order,

June 26, 1805. S. B. LABATT, Secretary.

HOWEVER trifling it may appear in the eye of philosophy to mark the coincidence, yet a Correspondent seems anxious to have it noticed, that the 19th of January, 1803, which gave birth to the Royal Jennerian Society in London, was the day on which the Right Hon. the Governor in Council at Madras, was pleased in an Advertisement to announce to the native inhabitants the important advantages to be derived from vaccination, and the encouragement which his Lordship in Council proposed to afford for the extension of so signal a blessing throughout the territories under the Presidency of Fort St. George.

It is our pride to have contributed to the formation of that society, whose services to the world are so honourably recognised by the governors there, as well as by the government at home; more particularly, the War Office and His Majesty's Post Masters General, continue to afford to it a patronage truly liberal.

The Reports we have published from India make the numbers amount to more than 150,000 already protected by the discovery of Jenner.

In the following extracts from some late communications from Dr. Anderson, (through the medium of Dr. Walker) we are happy to find that his zeal remains undiminished, we also obtain from them information both interesting and curious under different points of view; among other pleasing circumstances, let our constant correspondent the indefatigable Mr. Ring, derive an unmixed gratification from learning that his writings, together with those of the Society in which he incessantly labours, receive the *imprimatur* of the Physician General at Madras.

"*To the Editor of the Government Gazette.*

"Sir,

"As the inoculation of cow-pock has surmounted all opposition over the whole of Europe, and the attempts to introduce it here have been attended with reasonable success; there can be but little doubt, that a steady attention to the practice may be productive of the extirpation of small-pox, and such persons as are restrained by the fear of offending Mare Ummœ, the goddess of small-pox in this country, will in due time acquiesce in the use of cow-pock inoculation,

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inoculation, as well as those who entertained the notion of diseases being a dispensation of Divine Providence in that; all of whom will now thankfully acknowledge a beneficent Deity, permitting human capacity to discover and estimate laws of nature, or second causes, for the welfare of society.

"You will therefore be so good as insert this letter in your Weekly Paper, together with the accompanying table, extracted from p. 1036 of Mr. Ring's History of Vaccine Inoculation, as a compendious calculation of the advantages that will attend the extirpation of small-pox; besides the pleasing gratification of preserving the human race from a dire disease, it may be worthy of remark, that every life here, as a source of revenue to government, may be valued at eight shillings sterling a year; so that, saving the lives of the inhabitants of this country, appears no less an object well meriting every effort, whether it is considered in a philanthropic or pecuniary point of view.

"As it is possible on the extended scale which it is to be hoped vaccination may now come into practice, that many operations may be performed without a proper effect; I have subjoined the signs of infection and description of the vaccine vesicle, as laid down by the Jennerian Society, whereby your readers may be enabled to judge by inspection and examination on the days specified, whether the disease is genuine or not, excepting that in some of the darker complexioned Asiatics, the areola is not so obvious to the eye, as in European patients, on account of the different opacity of the rete mucosum of the skin; but the hand applied to the circumference of the vesicle, readily discovers the firm hardness of the areola in them as well as in Europeans.

"I am, Sir,

"Your obedient and very humble Servant,

"JAMES ANDERSON, Physician Gen."

Fort St. George, Aug. 29, 1804.

"*To the Editor of the Government Gazette.*

"Sir,

"The intellectual powers of the Indians being guided by ancient tradition, appear to advantage in their adoption of cow-pock inoculation; and every remarkable instance of it, as tending to promote the extermination of small-pox, is worthy of notice.

"The Raja of Chintapilly nobly submitted to small-pox inoculation, and His Excellency the Raja of Tanjore has already displayed distinguished countenance in favor of cow-pock inoculation; but it seems to have been reserved for the Dewan of Travancore to submit his own person to so great a novelty.

"Progress towards the extermination of small-pox is become so promising, that I have little doubt, the cow-pock lancet will soon be as familiar to the Hindoos, as the plough or the shuttle.

"The following extract of a letter from Mr. Henry Robertson, Surgeon

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Surgeon at Angengo, under date the 3d instant, will therefore prove acceptable intelligence to your readers.

" I beg to assure you, that I shall continue to promote Vac-
" cination by every means in my power—those who have hitherto
" submitted to it in this part of the country, have been chiefly
" Christians and Hindoos of low cast; but the period is fast ap-
" proaching when I trust every inhabitant of Travancore, from
" the highest to the lowest, will lay aside all prejudice, and by
" becoming proselytes to the Jennerian system, will cheerfully
" suffer themselves to be inoculated—there is every reason to
" hope, that this desirable object may be attained, so far at least
" as the powerful influence of example will tend to that effect,
" as the Dawan was vaccinated by Mr. Macauley, at Allepi,
" upon the 30th ultimo."

I am, &c.

JAMES ANDERSON, Physician General.

Fort St. George, Sept. 12, 1804.

Six of the most eminent physicians in France, Chaussier, Leclerc, Baily, Husson, Nysten, and Hamel, have been sent to Spain, to inquire into the nature of the epidemical disease, which has raged with such violence in that country, and to endeavour to find out the most effectual remedy for preventives against it. The king of Prussia has likewise sent thither, for the same purpose, Prof. Reich, of Erlangen.

The Icelandic moss, which has lately been discovered in Spain, has likewise been found in the district of Concossola, in the Italian republic.

The society for the encouragement of arts have lately voted their gold medal to Dr. Howison for his preparation of tan made in the East Indies from the bark of the mangrove tree.

Mr. Young, surgeon, of North Audley Street, will publish early in May, an important work on the subject of Cancer, entitled *Sanaschirrologia;* containing an analytical inquiry into the nature and action of Schirrus, in order to establish a regular mode of curing that disease in its various stages, by means of natural separation.

Mr. ROGERS has just published a work, entitled, " An Examination of that Part of the Evidence relative to Cow-pox, which was delivered to a Committee of the House of Commons by two of the Surgeons of St. Thomas's Hospital: With Remarks on the inoculated Small-pox."

The Papers of Mr. Clement, Mr. Dunning, and Chirurgicus, intended to have been inserted in this month's Journal, are unavoidably deferred till our next.

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A Meteorological Table, by Dr. HIGGINS, *of Brompton. From February 22, to March 22, 1805.*

Days of the Month.	Thermometer Fahrenheit. 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Centegrade Noon.	Height of the Barometer. Inches. 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Deg. of Evaporation by the Hygrometer.	WEATHER.
Feb. 22	46°	48°	37°	8.88	30.00	30.00	30.06	30°	Cloudy.
23	42	49	42	9.94	.34	.47	.53	36	Fair, rain in the night.
24	47	48	40	8.88	.33	.11	.01	16	Rain, fair in the evening.
25	44	49	44	9.94	.10	.13	.13	30	Fair.
26	47	51	42	10.55	.12	.14	.15	24	Showery.
27	45	51	46	10.55	.01	.00	29.80	15	Cloudy, rain in the evening.
28	47	49	34	9.44	29.79	29.72	.65	26	Rain and hail showers
March 1	42	47	35	8.33	.69	.84	.96	30	Windy, hail showers, & snow in night.
2	39	45	32	7.22	30.28	30.37	30.51	25	Cloudy, with light showers
3	40	49	42	9.44	.62	.64	.60	32	Cloudy, rain in the night.
4	49	55	44	12.77	.50	.45	.33	24	Cloudy with wind.
5	48	52	44	11.11	.26	.28	.36	28	Fair.
6	48	50	40	10 00	.38	.40	.48	26	Cloudy.
7	35	38	34	3.33	.77	.79	.71	30	Fair.
8	37	44	32	6.66	.56	.50	.28	28	Fair.
9	34	36	30	2.22	.12	.02	29.94	24	Cloudy.
10	33	41	30	5.00	29.92	29.92	30.06	26	Fair.
11	35	42	42	5.55	30.27	30.34	.35	40	Fair.
12	50	59	50	15.00	.35	.35	.38	34	Fair.
13	58	61	50	16.11	.40	.37	.29	72	Fair.
14	56	60	48	15.55	.09	.01	29.92	54	Fair, cloudy in the evening.
15	51	52	38	11.11	.03	.11	30.26	40	Cloudy.
16	50	56	46	13.33	.31	.36	.25	36	Fair.
17	51	55	42	13.88	.19	.13	.06	42	Fair.
18	44	49	40	9 44	.22	.28	.46	20	Small rain.
19	43	50	41	10.00	.63	.62	.65	48	Fair, rain in the night.
20	40	42	38	5.55	.58	.56	.56	22	Rain.
21	41	43	40	6.11	.56	.49	.42	28	Cloudy.
22	44	46	40	7.77	.36	.32	.32	32	Windy.

ADDENDA.

Case of Malformation of the Heart, by Mr. Ring, vide p. 120.

EXPLANATION OF THE PLATE.

ANTERIOR VIEW.

a. The superior cava
b. The aorta
c. The right auricle
d. The opening of the pulmonary artery
*e.** The opening of the aorta
f. The opening of the right auricle
g. The right ventricle
h. The pulmonary artery
i. The left aurcle
k. The opening of the aorta
l. The opening of the left auricle
m. The left ventricle

POSTERIOR VIEW.

*n.** The superior cava
o The pulmonary artery
p. The aorta
*q.** The inferior cava
r. The left auricle
s. The left ventricle
t. The superior cava
u. The right auricle
v. The right ventricle

Those marked with a * are deviations from the natural structure; *d. e. f. k.* and *l.* refer to the foramina, opposite to which they are placed.

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THE

Medical and Physical Journal.

VOL. XIII.] MAY 1, 1805. [NO. LXXV.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

OBSERVATIONS ON SELECT SUBJECTS IN SURGERY. BY MR. SIMMONS.

(Continued from pp. 289—294.)

PULMONARY OSSIFICATIONS.

OSSIFICATIONS, or bony concretions, out of the usual course of nature, are most frequently met with in the investing membranes lining cavities, such as the pleura and dura mater; and in the arterial system, as in the aorta, and its various ramifications. The elements which constitute bone may be deposited in any other part of the body, though less frequently found so; and I am now about to record some specimens, in which the deposition had taken place in the lungs. These osseous concretions were found at the root of the lungs, on each side of the chest, and I apprehend, had not much impeded respiration, as in other respects there was no appearance of disease. But I am not acquainted with the previous history of the case.

TENDINOUS OSSIFICATIONS.

Concretions of bone in the voluntary muscles are, I believe, seldom met with. Two or three instances only have fallen under my observation; and in these the bone had formed in the tendinous expansion of the biceps flexor cubiti. In the one, of which a representation is here given of the ossification, the motions of the left arm were so impeded by it, and attended with so much pain, that the young man requested me to take it out for him, which I did accordingly. The wound healed without any trouble, and he had afterwards the full use of his arm.

ON THE GENERAL TREATMENT OF CONTUSION.

It is hardly necessary to define what is meant by a contusion, or, in common language, a bruise, it is in general so well understood; nor is it less generally known, that it

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is occasioned by force, or external violence. Its effects however are greatly diversified, and depend not only on the peculiar structure of the part injured, but also on the degree of violence exerted in inflicting the injury. When the shock is general, with or without any particular organic lesion, the vital powers are so depressed as, in some instances, to threaten a temporary suspension of them; yet in proportion to the magnitude of the effect on the system, is the necessity for the withdrawing of blood very generally rated. But, I have long considered the practice founded on this opinion as at least erroneous; and under this persuasion, instead of employing the lancet, I apply warmth to the extremities, and let the patient take of warm and transient stimulants, in order to promote perspiration without inflaming the habit. If the reaction afterwards should be considerable, then I order phlebotomy, fully and freely, as the symptoms may indicate; and exhibit saline purgatives in doses adequate to produce copious evacuations. But, in the febrile state, instead of saline mixture, or preparations of antimony, I have for some years substituted the digitalis, in half-grain doses, along with an equal quantity of opium, every six hours. The well-known properties of the digitalis of acting upon the absorbents, and lowering the pulse, point it out as a remedy well calculated to promote the absorption of the extravasated fluids in contusion, as well as to prevent the necessity of profuse and excessive bleeding, and in both these intentions my wishes have been fully realized by it.

Excoriation, and Ulcers on the Glans and Prepuce.

Some men are subject to a discharge from the glans and prepuce, which at times is very troublesome to them, and not only productive of extensive excoriations, but not unfrequently these degenerate in parts into small ulcers. Those who have an irritable skin, and in whom the prepuce is somewhat contracted, are most susceptible of these affections. In general, a vitriolic, or other astringent wash, will very soon suppress this increased secretion, and heal the ulcers; and the recurrence of both may be prevented by ablution with soap and water two or three times a week. When the ulcers are intractable to such applications, it will become needful to destroy their surface with the nitrated silver, or vitriol of copper. No internal medicine

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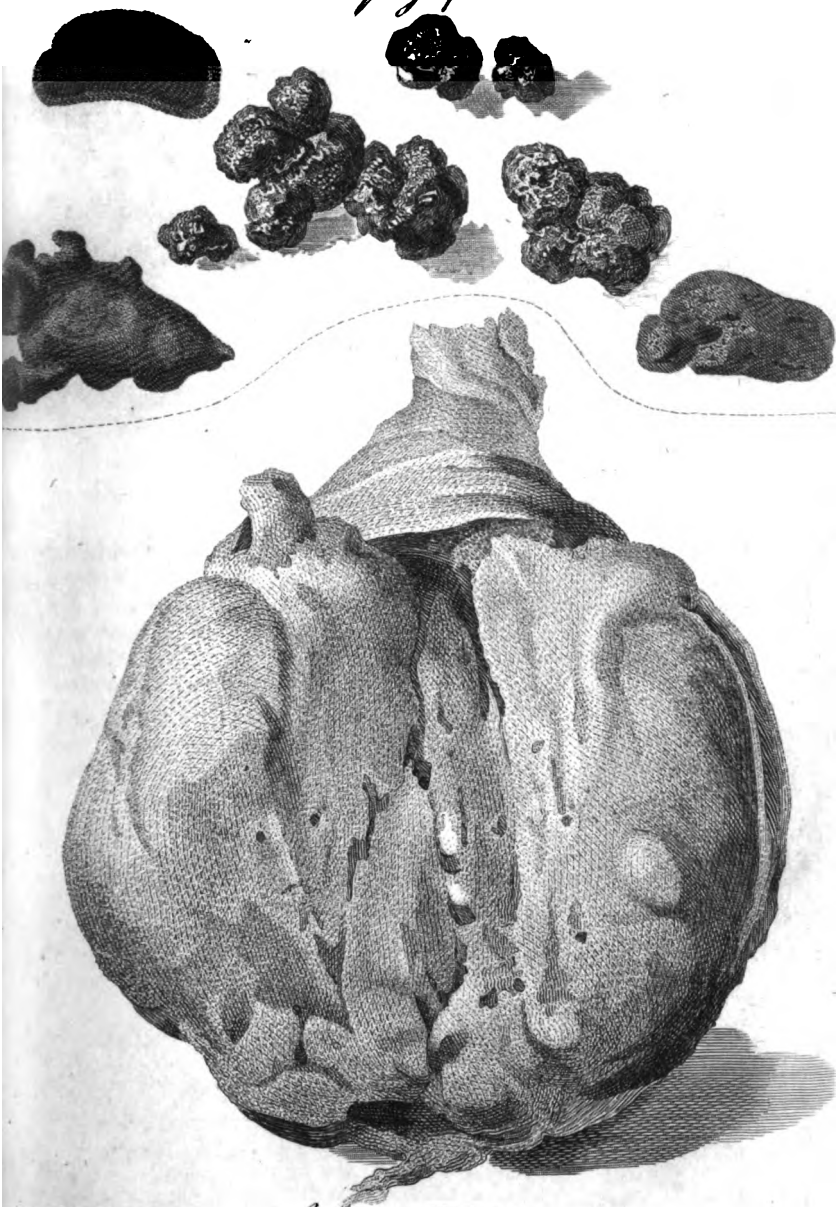

Scirrhus Testicle.

Printed for Richard Phillips, 6, New Bridge St. 1805.

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dicine is required, as the disease is entirely local, and has nothing of syphilis in it. In one case only I was baffled for some time; in this the secretion was suppressed by the means above recommended, but the ulcers, several in number, although their surface was repeatedly destroyed, were successively covered with a whitish coloured coat, and would not heal. I at length discovered, that the patient, in his anxiety, was very frequently looking at and washing the ulcers with warm water; and, upon the supposition that their obstinacy proceeded from this cause, the crust acting as a defence to the tender surface underneath, I advised him to desist from such frequent dressings, and not to expose them oftener than once a day; and, upon following this advice, they were all cicatrized in a few days.

The female organs are obnoxious to a similar affection, which, in these, is curable by the like means.

On White Gangrene.

Soon after my attendance on the home patients commenced at the Manchester Infirmary, &c. in the year 1790, I was called to see two cases of gangrene, in which the sloughs had assumed an opake whiteness, instead of the dark hue of gangrenous exfoliations. In both these instances the patients were females, who were in the last stage of dropsical debility; and in each the slough had formed upon the upper side of the foot, just below the instep. It might be said, with almost literal veracity, that both these patients were exanguious, so pallid were they, and destitute of invigorated action. It is hardly necessary to observe, that both these women died; nor can a recovery under such circumstances be rationally hoped for. To produce such appearances of extreme feebleness, life, gradually wasted, must be on the eve of extinction, and render all means of support ineffectual.

On an Enlargement of the Uterus.

Owing to an accident, I am prevented from supplying a drawing of this singular instance of enlargement of the uterus. Nevertheless, a verbal description of it may not be entirely uninteresting, though not attended with any practical utility. With the early history of the case I am unacquainted, having seen the patient a short time only before her decease. But, after death, I, with some difficulty, possessed myself of the uterus, which was enlarged to a very considerable magnitude, for it weighed twenty-four

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pounds avoirdupois. The diseased alteration consisted not in any scirrhosity, or cancerous induration, but in an enlargement or distention of the uterus, produced by the deposition of carnous layers within its cavity, with here and there membranous intersections that formed bags, which were filled with a limpid fluid. Both the ovaria were sound, as well as the round and broad ligaments. The neck of the uterus had disappeared, as is customary in advanced pregnancy; but the vagina and os uteri were smooth, and free from any morbid appearance whatever. With very little force, I passed a long silver probe through the os tincæ, between the inner surface of the uterus and the layer contiguous to it, down to the fundus uteri; which pretty clearly indicated, that the layer was a deposition merely, and had not firmly agglutinated. And this opinion is further corroborated by the not very irregular flowing of the catamenia (as she herself informed me) till it ceased spontaneously only a few years before her death. The appearances in the abdomen were those of chronic peritoneal inflammation; several of the viscera were coated over with layers of coagulable lymph, that had assumed an almost membranous consistence; and there was also a quantity of a wheyish coloured fluid, interspersed with lumps, and broken membranous coats of lymph coagulated. The pressure of this enormous mass had likewise occasioned a contraction in the upper portion of the rectum, so that at times, she was troubled with obstinate costiveness.

On the Adipose Sarcoma.

The opinion that the Adipose Sarcoma originates in the deposition of coagulable lymph, may perhaps admit of some exceptions. One is, that the adipose cells themselves may, to a limited extent, receive such a morbid impression, as to lead to the formation of sarcoma, which would thence progressively augment in bulk.

H. A. ætat. 36, had a sarcoma about the size of an orange, situated above, and posterior to the hip, on her right side, the growth of which, as it was then of two years standing, had been slow, and unattended with pain. On the 4th of February, I removed it by incision; and on examination after its removal, one lobule, of equal magnitude with the rest, evidently consisted in an enlargement of an adipose cell, whose colour and consistency were scarcely altered, though the other lobules, apparently of the same origin, had acquired the customary degree of density.

Contiguous

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Contiguous to the tumour, the adipose substance was abundant, and in parts indurated, so as to require the extirpation of a considerable portion of it also; but whether the induration was the effect of disease or of pressure, I am unable to say.

On the Hydrocele.

The term Hydrocele is technically restricted to a collection of watery fluid in the tunica vaginalis of the scrotum, although it might designate the accumulation of a limpid fluid in any other part of the body with equal propriety.

In the treatment of this complaint it has been proposed to relieve the present incumbrance by what has been called the *palliative* cure, which consists in puncturing the sac with a small trocar, and letting out the water. For obtaining the second or *radical* cure, surgeons have recommended many different methods, the principal of which are, 1. Incision; 2. Excision of the cyst; 3. Caustic; 4. The tent; 5. The seton; 6. Injection. But as the latter gives comparatively little pain, and excites only a very manageable degree of inflammation, it is now very generally preferred in practice. To facilitate the execution of it, therefore, I have invented a small silver tube, the taper end of which is made to fit accurately into the canula of the trocar; and the other extremity, of a larger diameter, is marked with several circular grooves like a glyster-pipe. To this extremity a bladder, to contain the stimulating fluid for injection, may be appended, in the manner of arming a glyster-pipe with a bag; and, if a bladder of a proper size be chosen, whatever may be the dimensions of the cavity, it may be fully distended by the fluid thus expressed.

The spontaneous cure of a hydrocele is not a very common occurrence; I once met with an instance of it in an elderly man, who had carried the disease for several years. At length the distention became excessive, and similar to what takes place in an over distension of the urinary bladder; a circular slough formed about the bigness of a shilling, near the middle of the tumour on the anterior surface. On the exfoliation of the slough, the general cavity was exposed, and inflamed throughout so completely, as to prevent any re-accumulation of fluid.

I saw this man several years afterwards, when he had suffered no return of the complaint.

Explanation

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Explanation of the Plates.

Plate 1.—In this plate the upper figure represents the small hook, recommended for the net-retractor in amputation; and the lower one the file; the back of which should be somewhat broader than is here delineated.

Plate 2.—Is a delineation of the steatoma, in which will be observed the lobulated appearance of that species of tumour, and the lobe, with a narrow neck, that was descending towards the left clavicle. The portion of skin that was left adhering, is also distinctly marked.

Plate 3.—In plate the third is represented the scrofulous testis, and diseased portion of omentum. In the upper figure is seen the morbid appearance assumed by the body of the testis after its exposure, by a longitudinal section. The cord at the lower extremity is the vas deferens, which was inserted into the cleft between the two hemispheres.

In the lower figure, the tuberculated border is the part of the omentum that was diseased.

Plate 4.—Is represented the alteration of structure produced in the testicle by scirrhus, before any degree of ulceration had taken place, or the spermatic cord had enlarged. The appearances are very accurately given.

Plate 5.—In plate five, the morbid appearances exhibited by cancer in the ulcerated stage are delineated. The drawing was made from the breast of a married woman, not very young, who had borne many children. The ulcerated parts around the nipple are duly characterized, as well as the scirrhous knots to the left, which are common in the advanced stage of cancer.

Plate 6.—In plate six, O. L. represents some specimens of pulmonary ossification; and O. E. a longitudinal section of one of these; the moiety to the left representing the inner, and the other to the right, the outer structure of an ossification of larger dimensions. O. T. exhibits the ossification taken out of the tendinous expansion of the biceps flexor cubiti.

Plate 7. Fig. 1 in the engraving, refers to the silver tube. Fig. 2, to the canula of the trocar. Fig. 3, to the canula and tube in conjunction. They are all represented of the natural size.

If any utility should acrue from the publication of these drawings, the public will feel its obligations to the ingenious Mr. Patrick Mac Morland, by whom I have been favoured with them. They are faithful representations of Nature, and are executed in a style of peculiar neatness.

To

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To the Editors of the Medical and Physical Journal.

" Suum cuique."

GENTLEMEN,

THERE is no art or science, I believe, in which so frequent contentions have taken place respecting discoveries, so much animosity and ignorance displayed in their controversies, or such injustice done in conferring the honors due to merit, as in our profession. Teachers and men of eminence oftentimes not content with that praise which is justly bestowed on them, are ambitious of immortalizing their fame by some great discovery or improvement; and are not ashamed to steal the laurels from the brow of one to whom they are indebted, and impiously endeavour to crown themselves with the pilfered honours. Knowing that nothing imposes on the world so much as modesty, they claim no merit to themselves, " their discovery was the effect of accident," or from the improvement being of extensively beneficial consequence, it could only be " by inspiration." Their characters being established, the justice of their claims is admitted by the ignorant part of the profession, who never fail in hailing that person as the discoverer, who first informed them of it. Their works being copied and quoted, impose on men of superior abilities, who are always desirous to bestow applause where they think it justly due. Thus their claims to discoveries and improvements, to which they have not the slightest right, receive the united sanction of time and ignorance. Hence we have the *foramen Monroianum* and *antrum Highmorianum;* and, what led me to make these remarks, the introduction of the ligature attributed to Ambrose Parée. To this author has this improvement always been ascribed by the French surgeons, from that national vanity which induces them to claim for their countrymen every discovery and improvement in every art and science. A very voluminous work, wherein the subject of diseased and wounded arteries is most voluminously treated, has caused Parée's claim to be pretty generally acknowledged in this country. That this author should adopt this error, I am not surprized, as his writings prove him very conversant with the works of other French surgeons besides Parée. But my astonishment was excited, on seeing it supported by Mr. Simmons of Manchester, in a very excellent paper in your Journal, on Amputation. I can hardly suppose Mr S.

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unacquainted with the writings of Celsus, the Father of Surgery; for fear he should have forgot it, I shall quote a passage, which will completely refute the claim of Parée to the merit of introducing the ligature. In his 26th Chapter, Lib. iii. entitled "Curatio adversus Profusionem Sanguinis in Vulneribus," after mentioning dry linen, sponges squeezed in cold water, linen moistened with vinegar, and caustic medicines; he says, if these should not succeed, we must effect the same thing by milder means. "Sed, si semel ad ea decurritur, potius quæ mitius idem efficiunt," which he thus describes, "Quod si illa quoque profluvio vincuntur; venæ quæ sanguinem fundunt, apprehendendæ circaque id, quod ictum est, duobus locis deligandæ intercidendæque sunt, ut et in se ipsæ coeant, et nihilominus ora præclusa habeant." Nor is Celsus the only author who mentions it. Paulus Ægineta not only used it in wounded arteries, but practised it in cases of aneurism, in the same manner as it is done at present. That Parée was acquainted with these authors I will not assert; but thus much may be safely averred, that the Italian surgeons, with whom Parée had such frequent intercourse in the different incursions of Henry IV. the greatest and wisest of monarchs, into Italy, were ignorant neither of their opinions or their practice; and it is more than probable that Parée learnt it from them. The ligature is also mentioned by Rufus and several other writers of antiquity.

CHIRURGICUS.

A Case of Mollities Ossium during the Growth of the Body; *communicated by* Dr. Trotter, *of Newcastle.*

W. T. a healthy, active boy, in his fifteenth year, began to grow exceedingly fast; so that in the space of twelve months, his height was increased from sixteen to eighteen inches. With this he looked slender, was extremely thin, and his head stooped, and rather inclined to the one shoulder. He now felt himself very weak, and was unequal to any kind of exercise, from the sudden fatigue which it induc d. During all this change of appearance, no medical person was consulted, and his father and mother, of their own accord, thought sea-bathing would be the means of restoring his strength, as the rapid growth of the body seemed the sole cause of the debility, without any sign of disease.

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The sea-bathing, at first, was thought to have considerable effect, and he appeared to mend, when, all at once, his appetite failed, the debility increased, and he was incapable to sit up. It was now that pain and uneasiness were felt about the second *cervical vertebra;* and he was unable to sustain his head. In this condition he was brought home; his height upwards of six feet. I saw him on the 24th of August last: at that time he laboured under an almost *general paralysis* of all the muscles of the body, except those of the eyes, nose, and ear; even the muscles of the tongue were affected, and deglutition was difficult. It was plain that the muscular power was impaired, so far as it depended on free communication with the nerves originating from the *medulla spinalis.* The desire for food was almost gone; the intestinal canal was so torpid, that nothing but active purgatives kept the body open; and the urine was voided with the utmost difficulty, in small quantity. The *dyspnœa* which attended was peculiar; not like that of the phthisical or asthmatic state, or what is observed in pneumonic inflammation; but was free or laborious at unequal intervals. The pulse was singular in its motions, alternately quick and slow, distinct or irregular, with, sometimes, long intermissions. He lay in the horizontal position; every limb was immovable, and could not turn the head a single inch to either side.

From the wry head, and the general immobility of the muscles, I was naturally led to examine what was called a swelling in the neck. The thinness of the flesh made the diseased part appear very plain. The tumor was certainly osseous; the head, with the *atlas,* was thrown forward, and the *processus dentatus* of the second *vertebra* could be distinctly felt, so that a partial dislocation of these bones had taken place. Independent of compression on the spinal marrow, from this cause it was probable, there was also some deposition of bony matter, or elongation of the intervertebral cartilage; for it was not known how long these bones had been affected. On the whole, from the symptoms enumerated, I was inclined to form a very unfavourable *prognosis;* and I could not help informing the parents of the youth, that the danger was imminent.

The treatment which I recommended was chiefly directed to *strengthen the body.* The diet was ordered to be as nutritious as the deficient appetite would allow, and to consist of animal matter. A *smart blister* was immediately laid over the *vertebra dentata,* and stimulating applications were

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were rubbed along the spine. A mixture of *decoct. cinchonæ, sp. æther. nitros. sp. ammon. comp.* and *cret. præparat.* with a draught of *tinct. opii* at bed-time, were the medicines. The *carbonate of lime* was partly suggested to correct acidity; but it might be beneficial in supplying calcareous substance to the imperfectly hardened bones. Some experiments of naturalists inform us, that fowls lay eggs without shells, if they are deprived of gravel, or food that does not yield calcareous matter; so, in the rapid growth of a bone, a similar deficiency may be suspected.

Under this treatment, the powers of Nature so far improved, that in ten days the danger of life disappeared; the sleep became refreshing, the appetite increased, the bowels regular, urine made with ease, and the pulse distinct and equal. On the right side, the power of motion so far returned, that he could raise the arm to his mouth; but, from that time, little further recovery has taken place; and there is every reason to believe, that the spinal marrow is permanently compressed; at least, his parents seem to look for no farther medical aid.

I have called this case *mollities ossium*, without any reference to a diseased state of the bones: I only mean, that they are soft, from rapid growth. The *cervical vertebræ* were evidently incapable of supporting the weight of the head; and from the office of the *processus dentatus*, being chiefly for that purpose, by its soft consistence, joined to the weakened ligaments and muscles, the *atlas* was partially thrown from its situation. This is not a common case; Nature seldom leaves her work so imperfect. I apprehend something might have been done, in the early stage of the complaint, by mechanical means: some sort of prop, or lever, to sustain the head equally between the shoulders, so as to ease the *cervical vertebræ*, I think, might be still serviceable. I should be glad to have the opinion of your Surgical Correspondents on the subject.

The patient is a most promising young man: has made considerable progress in Grecian literature, and excels in the knowledge of the Latin and French languages.

Here is a fine illustration of that sympathy of parts, which is spread by means of nervous communication: the loss of motion, in the muscles which turn the head; difficult deglutition; unusual dyspnœa; impeded motion of the heart; anorexia; constipation; dysuria, &c. all of which may be referred to those frequent inosculations which the eighth, ninth, and tenth pairs of nerves of the head

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head have with those of the cervical and spinal nerves, forming a vast circle of smpathetic feelings.

April 4th, 1805.

P. S. I am much obliged to your ingemous correspondent, Mr. Fogo, for his explanation of my case of the lady, in 68. By turning to it, he will find, I did not mean to defend the designation. It was only proper, in publishing it, to give it a name. A man of Mr. Fogo's systematic ideas of pathology, could never have committed such a blunder as to call it *pleurisy*.

T. T.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

READING the paper with the signature of a Constant Reader, and entitled Diagnosis of Syphilis, in your Journal for December, 1804, led me into a train of thoughts, respecting the protracted and improper exhibition of mercury in venereal cases.

I do not mean this as any imputation against the ingenious author of the said paper, but quite the reverse; for it appears, from his candid statement of the case, that prudence, and the received opinion of many respectable authors, would induce any one to act in a similar manner, when unaided by that confidence which can only arise from extensive practice and observation; even with these advantages, the most skilful are sometimes deceived. It is not my intention to comment upon the case, as I am persuaded there is not much deference due to anonymous communications: I shall therefore confine myself chiefly to such remarks as have been the consequence of practical notes, included within the sphere of my own practice.

I have to observe, in the first place, that the diagnostic marks of syphilitic sores are not so well defined by the most accurate writers, neither indeed can be, as to enable a medical person to affirm positively, on inspection, that the criteria correspond so exactly with the general description of such sores, that they do infallibly originate from this source; far otherwise: I believe, the generality of practitioners will not be ashamed to acknowledge, with me, that they have been deceived plus qu'une fois.

I, the other day, was sent for to visit a girl, aged twelve years. On examining the fauces, I found the velum pendulum

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dulum palati, on each side ulcerated, exactly corresponding with the appearance which venereal sores assume: yet the remedies employed in cases of common cynanche soon effected a cure.

A young countryman placed himself under my care lately, for the cure of an ulcerated bubo. He informed me, that the medical gentleman who treated his complaint, prior to his application to me, had given him large quantities of pills, which, I suppose, were of calomel, as they had occasioned an incessant purging for some weeks. The patient, perceiving himself decline in health, and his sore growing larger, imagined his treatment was not agreeable to the rules of art, and changed his surgeon, which proved to be a fortunate circumstance, for a sinus had already formed itself, extending from the inferior border of his callous ulcer, along the edge of the scrotum, stretching towards the anus, in the direction of the rapha perinæi. I supposed, from the emaciated appearance of my patient, and excessive discharge from the groin, that his habit had either been supersaturated with mercury, or, that he was so much reduced, as to forbid the adoption of any treatment, save that which was calculated to restore lost stamina. On these premises, I desired him to leave off the pills, and, instead of a sparing diet, which he had been ordered to live upon, I caused him to pursue a plan diametrically opposite, and administered opium, in sufficient quantities to allay irritation, and suppress the purging: by the assistance of strong jellies, good port, ale, &c. he was easily restored to a better state of health. At the expiration of a month, finding the discharge from the bubo still ichorous, without any amendment in appearance, (it still exhibited an inflamed margin, with a white sloughy bottom) I thought myself justified in directing a drachm of ungt. hydrarg. to be rubbed into the thigh of the affected side; but he did not persevere in the use of this medicine for more than a week, when colloqnative night-sweats commenced, which determined me to abandon its use altogether, and confide in the tonic plan which I had set out on; aiding my efforts to heal this obstinate sore by the use of adhesive strips of plaster, *compresses*, and a tight roller, that was passed round the body and upper part of the thigh, in such a manner as to form a figure of eight, beginning by pinning it round the ilia, as is done in cases of amputation. I soon had the happiness to find this method succeed; the callosity disappeared, and the cicatrizing process was soon completed, by managing the bandage so as

to

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to cause it to press immediately on the edges of the sore. And here I beg leave to observe, that there is frequently more done by the ingenuity of the surgeon, than by the most elaborate directions which can be given for the treatment of such cases; for I am fully persuaded, that two patients in an hospital, circumstanced exactly alike, if under the care of two dressers, who are not equally attentive to a number of nice and delicate alterations, necessary to be made in dressing, according to the various appearances which wounds put on, will experience great difference with respect to the termination of their complaints.

I wish to embrace this opportunity of recommending the application of graduated compresses, and firm bandaging in similar cases; conscious that great benefit is to be derived from this mode of dressing.

I believe several of the profession are in the habit of using mercury too liberally, in cases of bubo, very much to the prejudice of their patients, and disgrace of this remedy, which is still considered the sine qua non in venereal affections. An intimate medical acquaintance of mine, who had a chancre, succeeded by its usual concomitant, bubo, treated himself, secundum artem, by rubbing in a small quantity of ointment; but, being of an irritable habit, he was disappointed in his hopes of discussing it; the discharge was great, and it assumed a virulent aspect; he again had recourse to mercury, and took a combination of calomel with opium. Before he had used twenty grains, he found himself worse in every respect, and had profuse night-sweats, with a train of nervous disorders. Feeling himself staggered with respect to the nature of his complaints, and wavering concerning their proper treatment, he applied to a medical friend, who advised him, by all means, to desist from the further use of mercury, and to confide in a tonic course of medicine and diet, which soon restored him. From these and similar occurrences, which have come within the circle of my notice, I am inclined to suppose, that the sufferings of patients are frequently unnecessarily prolonged. Indeed, it would be fortunate if the evil ended here; but it is to be lamented, that deprivation of the power of procreation, premature death, and old age, may be included in the long catalogue of miseries, arising from the intemperate administration of this potent medicine. Yet, I must acknowledge, it is much easier to detect mal-practice, in this complaint, than to point out the precise point where to desist. The observations I have made, from a variety of

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of cases, embolden me to remark, agreeably to my own opinion, that local venereal complaints, such as chancres and buboes, require much less mercury than what is, in general, so liberally bestowed upon them. When we are enabled to discuss a bubo, I suppose, for the most part, the mercury arrests the enemy in his citadel, and, by destroying him there, prevents him from doing any further mischief; but some imagine, on his forsaking his position, that he has only retreated to appear in a more formidable manner; and, on the strength of this supposition, pursue a foe which they had already vanquished and totally annihilated. With respect to confirmed cases of lues venerea, the most expert are often left to grope in the dark, as if this path of science had been intentionally obscured, in order that the devotees of Venus should be severely punished for their illicit amours.

It is well known, that patients, ill of a confirmed lues, find their sufferings alleviated, when the mercury begins to act on the system; and when continued a certain time, so as to keep up a slight soreness of the mouth, by way of convincing us that the remedy pervades every part of the body, many of the complaints vanish, whilst others remain in statu quo, and not unfrequently become worse. When this is the case, it appears to be time to desist from its further use; more particularly, if languor, debility, and night-sweats commence. Should this opinion be founded on truth, it would appear, that more attention ought to be paid to the feelings of the patient, than the unfavourable aspect of certain remaining local complaints, that are continued from diseased action, brought on by accumulated irritability, the natural consequence of the powerful excitement which is produced by the mercury. Some people imagine, when there is a chance of erring, that it is adviseable to adhere to what they consider the safe side; thinking it best to push the mercury, fearing that the smallest relaxation may be productive of the most fatal consequences, when, in fact, they have nothing to dread: for if the system has been well saturated with the antidote, why not lie by on their oars a little, and see which way the tide sets. If the patient should become importunate, let the example of Hunter be imitated, by way of *a placebo*, give him a bread pill! I must now conclude the subject; which, I hope, will be resumed by some of your correspondents, whose time and talents will enable them to do more justice to it than,

Your's, &c.

Romsey, March 11, 1805. RALPH CUMING.

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Case of Bŭnŏsŭs, apprehended to be spurious.

ON December 15, 1804, a female infant, about eight weeks old, was inoculated in the upper part of the right arm, by a gentleman of the faculty, with a lancet armed with bunoserous pus. To prevent the blood escaping, and the effect of the inoculation being thereby lost, her father pressed his finger for a time upon the wound; but not without drawing away from it a considerable spread of blood upon his finger: whence he apprehended, that the pus might also have escaped, and the communication of the disorder not have been effected.

By the eighth day, Saturday, the 22d, a pustule, of nearly the circumference of a seven-shilling piece, had formed at the place of incision, of a yellowish hue, with a dark dent in the middle, the whole surrounded with an areola of inflammation, about the size of a half-crown piece, which, in a day or two more, was rather extended than contracted. In a very few succeeding days, the dark dent assumed a greenish colour; and, in a night or two after, was lost, by coming away with a considerable discharge of pus upon the sleeve. The yellow cast of the pustule, as it dried, turned of the colour of gum, or resin; and, in the centre, a deep hole sufficient for a pin's head continued, whence the discharge first came, and again in a few succeeding nights.

In progress the pustule continued, taking rather a darker shade of brown, and cracked into a furrow right across, with another, meeting it about the middle, at right angles. It also continued rising from the arm; and in the night of the 11th of January, the crust separated from the skin, and no more appeared. The pustule being in its appearance so like to the effect of a former bunosism in the same family, which was proved genuine, the sentiments of Mr. Ring, Dr. Walker, &c. are requested upon it, by

Yours,

Jan. 14, 1805. EOSACO.

To Dr. BRADLEY.

DEAR SIR,

WHEN I last addressed you on the subject of Vaccination, and on the true diagnosis of Small-pox, I did it with a degree of confidence which many of your readers may think rash. However, as I produced all my authorities, I hope that circumstance will be considered, if not a sufficient

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ficient apology, at least a fair introduction to my present confession. I first was induced to search for the slough, which lines the foveolus in small-pox by Mr. Hunter's paper. Astonished at the facility with which it presented itself, it became my amusement to exhibit it, whenever I met with the disease. At the S. P. Hospital, I discovered and exhibited it to the surgeons of that charity in every case I examined. In private practice I shewed it to Mr. Pitcairn. On my return to England I prevailed on Mr. King, of Clifton, to look for it, who had no more difficulty in detecting it than myself; and before I used the strong language with which my last concludes, I conversed with Dr. Willan, who confirmed me in a presumption which was strong enough before.

With all this confidence, nothing seemed to remain but an opportunity, by the return of the disease, of exhibiting the slough to such as would have the best means of communicating this diagnosis. Dr. Hooper has favoured me with this opportunity; but, to my great mortification, I could not exhibit the slough. However, on a very slight examination of the subject, I found he had that species of small-pox which used to be called christalline, and of which, on a former occasion, I expressed my doubts whether they contained the slough.* But my mortification was not to end here. Dr. Hooper had other subjects for my inquiry, and my confidence was not lessened by the recent event. However, disappointment still pursued me. Though the bottoms of the foveoli were sloughy, I could not take up with the forceps any thing that resembled a piece of soaked paper. I have since tried it in other instances, but have been equally disappointed; insomuch that, had I not been able to produce such a number of witnesses, or had the discovery commenced with myself, I might have been induced to doubt the conviction of my own senses. As it is, I thought it my duty to be thus early in correcting my own errors, and to remind all the profession that there are still minutiæ in small-pox not perfectly understood. The discovery of the cow-pox has done much toward an accurate inquiry on these subjects, and will ultimately, no doubt, render all inquiries of the kind superfluous. But I hope, in the mean while, your readers will be diligent in marking, not only general appearances in eruptions, but in dissecting them, and recording with their description a minute history of the symptoms in their order.

Your's, &c.

JOSEPH ADAMS.

* See Journal, vol. ix. p. 312.

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OBSERVATIONS *on* CHOREA SANCTI VITI; *with a new Theory of the Disease: by* JOHN REDMAN COXE, M. D. *of Philadelphia.*

JOHN MAGNUS, aged forty; a taylor by profession, of a full habit and sanguine temperament; about June, 1801, began first to complain of irregular or convulsive motions of the head, mouth and hands. It appears that he has, for a long time previous to this, had irregular motions of his hands and head, which gave him no concern. About two years ago he laboured under syphilis. At his first application for assistance he was advised to abstain from liquor, to take regular exercise both morning and evening, and to avoid costiveness, and sitting up so late at night to work as usual. This advice he neglected; and in about two weeks fever supervened, with great costiveness, which was removed by Glauber's salts, and the occasional use of aloetic pills. His complaints augmented, and in about a fortnight more he began to complain of stupor and giddiness of the head. His pulse was frequent and quick, but not full. He was bled to fourteen ounces, and took senna, manna, &c. The giddiness still continued, and pain began again to recur in a few days, with almost constant coma and stupor. He was again bled, and purged with jalap and calomel. Stramonium, boiled in vinegar, was ordered, to bathe his head, and poultices of the same were applied to his feet every night, which appeared to relieve him much. The good effects gradually subsided, and its further use was omitted.

Previously to the last bleeding, in July, he complained much of weakness of the eyes, attended with a dull pain and slight inflammation. A wash of sugar of lead and white vitriol was prescribed, and six leeches to the temples, which all died soon after sucking. A soreness of the nose and throat rendering it probable that his syphilitic complaint had not been completely cured, he was put, for a short time, on the use of the opium and calomel pills.

As each bleeding appeared to weaken him, leaving him more stupid for upwards of a day, the lancet was employed more cautiously. All this time his appetite was remarkably good, and so continued till near the close of his illness. He still grew worse, and an involuntary discharge of urine took place. The stupor appearing considerable, and his pulse being fuller, with skin hot and

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bloated face, and irregular motions continuing, he was bled to eighteen ounces, after which he seemed much weaker the first day, but less stupid. He took nitrous powders for about a week, but seemed no better, except in an abatement of his fever. His pulse became weaker, but not less frequent. He now took valerian in 3ß. doses, and gradually increased it to ʒ i. thrice a day. This continued for a week, gave no relief, and it was then combined with snake-root eight or nine days longer, with little effect; during which period he was blistered three or four times. He now began to complain of increase of pain in his head and back, and repeated the antimonial powders.

The above account I received from the apothecary of the Dispensary, who, at this period, requested me to visit him. I recommended the continuance of the antimonial powders, with the addition of small doses of camphor, and applied cups to the temples, neck, and adjacent parts, and a large blister to the head. The preceding blisters were dressed with mercurial ointment, which was likewise employed in friction. His mouth became sore, and slight salivation ensued.

After pursuing the above plan for some time, it was discontinued, and columbo, rust of iron, and rhubarb, were given for some days with no beneficial effect. The blisters were repeated.

On the 14th of September the leading symptoms were increased; pulse quicker; skin hot. Ordered to lose fourteen ounces of blood in the afternoon. In the evening very feeble, with increased flow of urine. He appeared somewhat better the 15th. As he was costive, the laxative ingredients were ordered, and he was blistered behind the ears. In the evening he seemed better, with moist skin, weak pulse, and continued increase of urine. The nitrous powders were continued. He was slightly delirious on the 18th; pulse fuller and irregular. The powders were continued. On the 19th, pulse regular but feeble; continue powders, and give a tonic medicine of bark, Port wine, and laudanum. In consequence of the increase of febrile symptoms, he soon after lost eighteen ounces of blood. The medicines were continued till the 28th of November. From the recommendation of the Medical Repository, Hex. I. vol. v. p. 95, as extracted from Hufeland's Journal, I began the use of phosphorus in the following manner, after he had for a week omitted all his medicines.

October

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October 4th. R. Phosphori grs. ij. laudani gtt. xl. white sugar ʒij. gum arab. ʒi. Rub them well together in a glass mortar, and add tr. of cinnamon ʒi. water, &c. Make ʒ. viij. Of this he was directed to take a table-spoonful every hour. He began it in the evening.

5th. Symptoms continue; no apparent effect from the medicine.

6th. Pulse generally from 80 to 100; symptoms as yesterday. Bowels open; appetite good; has taken about one grain of phosphorus in the last twenty-four hours; repeat it to two grains in twenty-four hours.

7th. Convulsive motions apparently less; seems languid; pulse only 56; eyes look natural.

8th. Pulse 60; appetite, if any thing, greater than usual; symptoms as above: continue the phosphorus to two and a half grains in twenty-four hours.

9th. Low and languid through the day; no medicine taken of the last increased quantity. He fainted this morning; and walked across the room with difficulty, supported. Towards night-fall was attacked with a violent vomiting, continuing a considerable time; for which his wife gave him sixteen drops of laudanum. This was vomited, but it then ceased, and he slept a little, with much rambling. No stool since yesterday morning. Towards midnight vomiting returned, with considerable dyspnœa, and much apparent debility.

Ordered, early on the morning of the 10th, a mixture of bark, wine and laudanum. At nine A. M. I found his breathing stertorous; no stool; vomiting stopped, but appearing to suffer in his stomach, which, as we understood, pained him. Pulse tremulous, and scarce perceptible at the wrist, but more full and slow above the elbow; feet cold to the ancles; the arms also are cold, owing, in part, probably, to his frequently exposing them from beneath the bed-clothes. Considering him now, as I should have done before, had I comprehended the theory of chorea, as labouring under a depressed state of the system, I tried to bleed him, but could not obtain more than two or three tea-spoonfuls of blood, which appeared to me to be in a dissolved state. I therefore ordered him an emetic of twenty grains of white vitriol, and four of tartar emetic, dissolved in half a pint of water, to take a table-spoonful every ten minutes, till it should operate, in order to relieve the stomach, if any thing he had taken had affected him. One half was ineffectually taken, when I ordered a double dose of castor-oil without effect. At noon he continued the same. Pulse imperceptible at the wrist, and

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no vein visible to try venesection. Ordered senna and manna a. ʒ i. rhubarb ʒß. Infuse in a pint of boiling water, and give a large tea-cupful every hour, as also a powerful purgative enema every hour. Cataplasms to the feet, and bleed if possible. Six o'clock P. M. Medicines all taken, and six enemas, without effect. Some wind was discharged. Ordered calomel ℈i. gamboge grs. x. in a dose of Castor oil, immediately, and repeat the oil every hour if necessary. Boil up the former ingredients with a pint of water, and add Glauber's salts ʒ j. and use for the glyster, instead of common water, with two table-spoonfuls each of salt and molasses. Apply a blister to the stomach; pulse imperceptible; no pain of the head apparently; pupils natural; convulsions diminished; breathing the same, and very slow; much rambling, with slight intervals of reason. About nine P. M. he died.

Dissection.

October 11th, eleven o'clock.—The body, on inspection, had no symptoms of emaciation; and accordingly, on cutting the teguments, we found the fat on the abdomen not less than one inch thick, and in some parts considerably more. The omentum and mesentery were uncommonly loaded with the adipose matter. Stomach and intestines much distended with flatus. Stomach, internally, slightly inflamed, which I was rather disposed to consider as the effect of the gastric fluid after death, as no disposition to vomit had existed for more than twenty-four hours preceding his death, which would scarcely have been the case had the inflammation existed before that event. Kidnies, spleen, pancreas, and gall-bladder, perfectly sound. The liver was enlarged, and cut as if slightly schirrous; and its external appearance much resembled Castile soap, with small streaks and obscure white. The urinary bladder was healthy, though contracted, owing to his long incontinence of urine, originating, doubtless, in the affection of the brain, hereafter to be noticed.

The thoracic viscera were sound, the lungs adhering partially to the surrounding pleura. The fat in great abundance around the basis of the heart, and no unusual proportion of fluid in the pericardium.

On separating the scalp the vessels bled very much, and much blood oozed from the small vessels passing from the pericranium to the bones of the head. After raising the cranium, the vessels were turgid with blood, the small ones bleeding freely when ruptured from the bone. Several

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veral portions of coagulable lymph were found in the longitudinal sinus, and the extremities of the large vessels emptying into it. Great inflammation was apparent, the whole length of the sinus, on its edges, where it touches the hemispheres of the brain, extending itself on the surface of the pia mater, and about the blood-vessels. Firm adhesions existed between the dura and pia mater at this part, by considerable portions of perfectly organic coagulable lynph, most evident about the coronal suture.

On cutting into the substance of the brain, the blood oozed from every extremity of the divided vessels; and, from the number, I concluded that many now conveyed red blood, which, in health, admitted a pellucid lymph alone. On cutting cautiously down, I completely separated it, for some length, from the thin transparent pia mater, which lines the ventricles, and which was here greatly distended by at least twelve ounces of a very transparent fluid.

The various communications between the ventricles were here most beautifully exhibited, especially the foramen ovale uniting the two lateral ventricles, which was here large enough to admit, with ease, the extremity of the little finger. The blood-vessels of the cerebellum were equally turgid. The optic nerves appeared sound. The dissection occupied above two hours.

Observations.

As I did not see this patient for nearly three months from his attack, I can say nothing of his case, except from the report of the person attending, which is fully detailed. I had little suspicion at first of water in the brain, as he complained of very little pain in it at any period after I saw him; neither was it accompanied with strabismus, or dilated pupil. He experienced none of those changes in the pulse peculiar to hydrocephalus, its uniform state being from 70 or 80 to 100, except after the use of the phosphorus, when it fell to 56. At the time, I supposed it owing to the medicine, and probably it was so, by exciting an increased determination of blood to the brain, and thus inducing apoplexy, or acute hydrocephalus. From the time I saw him he was affected with fatuity, and towards the close of the disease he seemed to have indistinct vision. Till within about ten days of his death, he could distinguish the hour of the day in a watch at least six feet dsstant from him. He saw double occasionally about two days before his death. His appetite was

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always good, and even voracious, and I never could restrain it till within two days of his exit. He always asserted his head was well, and complained only of great debility. His pulse never beat very hard (or rather it was depressed), and the blood was sizy and cup-shaped. He lost altogether about an hundred ounces of blood, which gave relief, though drawn in quantities of eighteen and twenty ounces at a time. Blisters to the head, neck, ears, and wrists, and kept running for a considerable time, gave no ease; and though under the influence of mercury for nearly six weeks, during three of which he spat considerably, with sore gums and loose teeth, yet it gave no respite. Nitrous powders every two hours, so as to induce nausea and vomiting, did not affect his complaint, either for better or worse. His bowels were mostly laxative. Digestion went on well, as the immense quantity of fat evinced; and but a small portion of fœcal matter was found in the alimentary canal.

The water must have been accumulated a considerable time, as evinced by the quantity, and the very enlarged state of the foramen ovale. Its sudden effussion must have produced apoplexy; but the slow progress of the effusion permitted the brain to accommodate itself to the pressure, by the action of its absorbents upon the substance of the brain itself, and serves to evince the power of the system to resist a morbid impression, when slowly applied.

The water in the brain was not, I believe, the immediate cause of death. Some sudden effusion or congestion was the source of the fatal issue, by producing apoplexy. The turgid state of the blood-vessels would seem to favour this opinion. Whether the phosphorus induced this I cannot say. He took about four grains in all. I have supposed it was the source of the event which took place, and have never since used it.

Had I viewed the disease in the light I now do, I should have depended on copious evacuations from the bowels and blood-vessels, with blisters; but I confess I was in a great measure in the dark as to the cause of his illness.

The case which I have thus faithfully detailed, led me to think more seriously on the subject of the chorea than I had before done, and convinced me it ought not to be viewed in the light of an idiopathic disease. A case, hereafter detailed, which very lately came under my care, has added strength to the opinion I entertain; and a very interesting one, related by Dr. Paterson, in his "Letters concerning

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concerning the internal Dropsy of the Brain," has served but to confirm it in my mind.

The Chorea Sancti Viti is, as I hope to prove, merely a symptomatic affection of a disease which, though long known, has not, I think, been thoroughly understood till of late years: I mean Hydrocephalus Internus. That the chorea has never been properly elucidated, is, I think, apparent, from the numerous opinions which have been entertained respecting it. Some have considered it as of the epileptic kind; some of the paralytic; and others of both. It has been viewed as a disease of the muscles, considered as a branch of the nervous system. It has been regarded as similar to the disease produced by the bite of a tarantula, and it has also been ascribed to witchcraft. By all it has been passed over so cursorily that little is to be gained, even of the facts connected with its history. Even Sydenham, who has, perhaps, given us the best description of the disease, scarcely adverts to any thing but its curious gesticulations.

However numerous may be the *remote* causes of a disease, the *proximate* must necessarily be uniform; and of the proximate cause of chorea I cannot trace the slightest suspicion in authors. Dr. Patterson, in his treatise above alluded to, has come so nigh as to place the cause for the effect, as he considers chorea the original disease, and attempts to explain the manner in which convulsive affections produce watery effusions in the brain; a fact he affirms to be sufficiently attested by dissection. I shall hereafter give a short view of the case he details, as far as it may serve to substantiate my opinion, and proceed in my attempt to develope the pathology of the disease, by proving that it arises *solely* as a symptom of the *chronic* state of hydrocephalus internus.

In general, we know hydrocephalus to be a disease rapid in its termination. It certainly, however, exists frequently as a chronic affection, as numerous dissections of Bonetus, Morgagni, and others, testify. When it comes on thus slowly, it permits the brain to accommodate itself to the pressure of the fluid in the ventricles, doubtless by a portion of its substance being taken up by the absorbents, without producing its direful symptoms in their full extent; but inducing various grades of apoplexy, epilepsy, palsy, and occasionally of this curious affection, chorea.

Hydrocephalus generally attacks children; so does chorea; and both occasionally occur in adults. The symptom of strabismus does not invariably take place in hydroce-

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phalus; and though mostly absent, yet it sometimes occurs in chorea. The cause in both must be the same.

Hydrocephalus sometimes follows inflammatory fever, where the head has been much affected; so does chorea; and both sometimes occur from blows on the head.

A too rapid growth of the body in early life may, by the determination to the brain, excite hydrocephalus; and chorea sometimes appears to depend on the same remote cause for its production.

A sudden check to accustomed secretions, such as discharges from the ears, &c. sometimes appears the remote cause of both diseases.

Habit, doubtless, may keep up this curious affection long after the original cause is removed. Hence also frights are said to produce its recurrence, of which De Haen furnishes us with an example, after a lapse of more than two years. We are told, however, by Sydenham, that those once affected with it are apt to have it recur. I should, therefore, rather ascribe it to a renewed affusion, by a sudden determination to a weak part. Chorea is not, in general, noticed till some time has elapsed. It is, however, probable that, could it be attended to from its earliest attack, we should observe many obscure symptoms of water in the brain. Aphonia, idiocy, &c. are not uncommon from hydrocephalus; and they also occur in the higher grades of chorea. The muscles of the face are affected in both diseases, producing spasmus, cynicus, risus sardonicus, &c.

Girls are said to be more frequently affected with chorea than boys. Is this really the case, or is it merely accidental? And how is the fact as it respects hydrocephalus?

Some have supposed this disease to depend on worms, and hydrocephalus has been also ascribed to them. The symptoms of worms are so numerous, according to many authors, that, like some other complaints, they are seen lurking in every disease. For my part, I confess I think them a very harmless and highly persecuted part of the creation. We find them uninjurious in many healthy children. Few, perhaps, pass the stages of infancy and childhood without them. If they exist in great abundance, I can suppose them very prejudicial; and perhaps they are likewise detrimental when disturbed themselves by some febrile commotion in the system, which they may then augment, but certainly did not produce. For how is it possible that such violent symptoms should suddenly arise from the presence of one, two, or even a dozen

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of these creatures; and yet, during the progress of their growth, nothing of the sort take place? Should not the symptoms exist proportioned to their increase? The remedies which have been effectual in removing some diseases, having produced the evacuation of any worms in the alimentary canal, have been falsely supposed to have cured by their removal. How rarely do we find many of these creatures evacuated by the various anthelmintics employed for their removal; and how often do we find the symptoms ascribed to worms vanish, after the operation of the medicine given, without the evacuation of a single one! I shall not digress further here on the almost universal quackery in families on this subject, though much might be said. I will only add, that I fear many children are carried off by dropsy in the brain, whilst the anxious parents are trying every remedy, public and private, to remove worms, which exist only in their own brains.

If hydrocephalus is the cause of chorea, it may be asked, as the former is not an unfrequent disease, why the latter does not more often occur? I cannot pretend to resolve the question; but may ask, why the apoplexy, epilepsy, palsy, &c. are not always produced? We know too little of the nervous system to reason accurately upon it; yet I feel persuaded of the truth of the above principles, although I cannot, perhaps, agree conclusively upon them.

It may be asked, also, why chorea is not, in general, a fatal disease, if it arises from dropsy of the brain? This, I think, can only be explained upon the principles of habit; the slow deposition of the fluid in the ventricles allowing the brain to accommodate itself to the burden. When death occurs in chorea, it seems to me probable that it arises from some sudden increased determination to the vessels of the brain, producing either a kind of acute hydrocephalus, or an engorgement of the vessels themselves; in either case inducing apoplexy. It is to be observed that, although the brain was habituated to a certain degree of distention, yet any *sudden* addition to that must act precisely as if such habit had never been acquired.

Man is not the only animal subject to chorea, as may be readily supposed. I find, however, no notice taken of its occurrence in any other animal by those authors I have perused. I have been lately informed by a lady, that she knew a whole litter of pigs suffer under the disease till they were upwards of three months old. And I have

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have now in my possession a dog, of the coach-house breed, whose left fore leg and side, together with the left side of his face, have been greatly affected with it ever since an attack of the distemper in the last autumn. He was much benefited by two or three active mercurial purgatives; and at the time of my writing this, he is almost well.

This leads me to say, that I think the analogy of diseases in man and beasts are not sufficiently attended to. This disease (the distemper) has many symptoms, as well as the staggers or convulsions of horses, in common with hydrocephalus. In my opinion (without the certainty of demonstration by dissection) they are all the same disease. Taplin, who has written upon the various diseases incident to that noble quadruped the horse, has not thought it beneath his notice to treat of the distemper of dogs, and has, doubtless, rendered the disease less formidable by his judicious treatment. He considers the complaint, however, as affecting particularly the throat, stomach, and intestines. I regret, however, his neglect to ascertain this important point by dissection, especially as the disease, before his observations on it, was generally viewed as seated in the head. I have never yet had an opportunity of verifying or rejecting my opinion by dissection since I first entertained it. There are, however, several circumstances mentioned by him in favour of my ideas.

The disease appears at a period of life in some measure analogous to that period in which hydrocephalus most usually occurs in the human subject; but the cause he mentions would be likely to occur at any period, and even to be frequently repeated; whereas the animal seldom suffers from a second attack. I cannot easily explain, upon either opinion, why it more frequently, and with greater violence, attacks the females than the males. The debility, in the latter stage of the complaint, of the hinder parts, amounting nearly to paralysis, and the frequent twitchings and convulsive spasms, appear to me more nearly connected with effusion in the ventricles of the brain than with the violent obstruction of the stomach or some part of the intestines. The obstruction he speaks of, I apprehend, may be viewed more as a remote than a proximate cause; whilst his powerful cathartics, combined with tartar emetic, &c. appear to favour the absorption of fluid in the ventricles of the brain. The rapidity of the cure will not be considered extraordinary, when we

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we recollect the speedy discussion of distant tumours, sometimes by the operation of an emetic: and the smallest portion of fluid re-absorbed would be sufficient to diminish the immediate danger. After all, this disease can be understood with certainty only by dissection, which I ardently anticipate: viewing it, however, as distantly related to the subject before us, I thought the digression might be serviceable to a very useful class of animals.

In confirmation of the chronic state of hydrocephalus being the probable cause of chorea, I shall refer to Willis, in his Treatise on Convulsive Diseases, where are detailed several interesting cases of convulsions of the muscles, &c. for several years; dissection after death shewing the brain to be filled with water, which had doubtless produced and continued the disease.

The motions in chorea cease during sleep, with, perhaps, few exceptions. In the last case I saw, the eyelids continued partially open, and the eyes rolled considerably.

The will, I doubt not, has some effect on the disease, as the motion is occasionally restrained by fear. Cullen talks of its having been epidemic in some part of Scotland. If so, I think it must have been partly owing to an imitative propensity, as in the epilepsy, related by Kaauw Boerhaave.

I cannot explain why the disease should be sometimes partial, sometimes universal; nor why, according to De Haen, of ten cases he saw, nine should be of the left side. Partial pressure, may, perhaps, explain the former: the latter I should presume to be merely accidental.

This disease differs from tetanus (independently of its cause), in as much as the flexors and extensors of the limb, or antagonist muscles, are in a constant and rapid succession, though unequal motion; whilst in tetanus one or other set generally predominates, or else both act with equal force. On this account it is, that it is usually not a painful disease, as no one muscle contacts so long as to cause pain by so permanent a state. And from this rapid *unequal* motion of each antagonist it probably is that such strange contortions are made, preventing a cup, &c. from being brought in a direct line to the mouth.

Hysteria is sometimes combined with chorea, as in the case hereafter mentioned, as is also catalepsy.

Are not the convulsions of acute hydrocephalus analogous to chorea in the chronic?

Sauvages, in his Nosologia Methodica, in speaking of this disease under the name of Scelotyrbe, or Dance de St. Guy,

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St. Guy, mentions one species of it as intermitting. (Vol I. p. 592.)

In the cure of this disease, De Haen speaks highly of electricity, though more, I think, than it deserves. Rotheram, in his Notes on Cullen's First Lines, mentions a case in which it was serviceable. Much of its utility probably depends on the period of its application.

Camphor has been employed in this disease. A case is given in one of Duncan's Medical Commentaries, in which it was employed for three months. The tonic plan has failed at first, probably from being used too soon, or when depletion was necessary. Though the credit of the cure, in this case, is given to the camphor, I must confess I think it as likely to have been effected by the gradual tone acquired by the system from other sources.

The reason why the remedies in general use (tonics) are, for the most part, successful, is, I imagine, that we are called in at that period when absorption is most readily excited by the general tone they give the system. In the early stages it often requires bleeding and purging, as was Sydenham's method; and which, with little addition, is the best mode of removing hydrocephalus. Sydenham has laid it down as an universal measure to bleed; but this must depend on the state of the system as indicated by the pulse. If it is active, bleeding is certainly proper; after which I shall pursue a mercurial course, and follow it up with tonics, as bark, columbo, steel, elixir of vitriol, port wine, and the cold bath.

I shall now give a brief statement of the case related by Dr. Patterson, at page 58 and seq. of his treatise.—In this case, a girl of nine years of age, a frequent and tormenting head-ach of some years continuance, accompanied with severe stomach sickness, had preceded the Doctor's first visit on the 3d of April, 1790, for chorea, which had been discovered a few weeks preceding, especially of the *left* side. The *head was now free from pain*; pulse slow and small; eyes *regular* and *sound*; bowels costive; and coldness and impaired use of the *left* arm. On the 22d she had a slight head-ach, for the fourth time since her illness. Under the use of tonics of various kinds, and electricity, the chorea appeared to mend during the month of May. But on the 18th of June she again complained of the violent head-ach and sick stomach; for which, on the fourth day of its attack, a vomit was administered, with little benefit; some involuntary motion of the *right* hand, and vision less distinct, &c. On the 18th her head was

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was so bad that she took a second emetic, with some relief; but she was as bad the following morning, continuing o the 22d. Her eyes were proper. The *convulsions had gone*, and she had *regained the perfect use of her hands*. A blister relieved the head-ach; but a paralytic stroke followed in the course of the day; the mouth being distorted, and the *right* arm having lost its use. On the 25th, *Strabismus* towards the left side; *dilated* pupils; insensible to light; *convulsively* affected in the *left* side; *torpid* in the *right*. On the 26th the left arm was more convulsed, the right remaining torpid; at midnight general convulsions recurring, of various degrees. At two o'clock she died.

On being examined, the blood-vessels of the dura mater were turgid and reddish, exhibiting appearances of strong preceding inflammation. A kind of serous diffusion existed over the circumvolutions of the lobes; the left lateral portion of the plexus choroides was inflamed; and two ounces of water were found in the left ventricle, and half that quantity in the right.

In this interesting case, which is fully detailed by Dr. Patterson, I feel no doubt of the long continued and violent head-achs being owing to the fluid in the ventricles of the brain. The alternation of the head-achs with chorea, show strongly the connection of the two diseases; whilst the paralysis of the *right* arm, and the convulsions of the *left*, show the connection of chorea and palsy. The operation of the emetics probably hastened her dissolution, by determining too forcibly the circulation of the brain, and hence exciting an acute state of hydrocephalus,

It appears to me that Dr. Patterson has greatly erred in supposing chorea the primary disease; of which each must judge for himself.—I shall now beg leave to relate a case of chorea which has lately come under my care, and then dismiss the subject.

December 15th, 1803.—Rosetta, aged nine years, a mulatto child, hitherto perfectly healthy, but very mischievous, for which she had repeatedly suffered from blows, &c. When an infant, she lost, by an accident, all the toes of the right foot except the great toe. About six weeks ago she began to be affected with those convulsive motions of the right arm and foot, which have since so much increased. They were at first thought to be owing to mischief, as she let every thing fall she took in her right hand, which was, till within a few days past, the part principally

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principally affected. Her face and tongue at length partook of the complaint, and she now talks but little; though at times she screams out greatly, yet without complaining of any pain. Her tongue is white, and pulse active, though not very quick. The eyes are not affected, and she sleeps sound, without any of those convulsions which affect her during the day. I ordered her ten grains of calomel at bed time, and a scruple of rhubarb in the morning—to lose eight ounces of blood, and to be put on low diet. The medicine operated well, and blood was natural. Her left side became now greatly affected. Pulse is moderate. I therefore prescribed, on the 17th, fifteen grains of bark, and ten of rust of iron, three times a day, with a grain of opium night and morning. The symptoms still increasing, I omitted the bark and steel, and on the 21st put her on a mercurial course by friction, with antimonial powders (composed of two grains of nitre, two of calomel, and one fourth of a grain of tartar emetic) every two hours. She complains of pain on the left side of her head since yesterday, for which I blistered her behind the ears. I learnt to-day that she had been frequently employed by a gentleman, whom I had had under my care in the same house, to rub in mercurial ointment upon his legs, which she did with her bare hands, and continually was dabbling in cold water. Quere, its effects upon her? She has hitherto been under little controul; yet I found I could readily intimidate her, which now became absolutely necessary, as whenever she was in the least displeased, she screamed and roared so as to alarm the neighbourhood. On the 26th her mouth became very sore, from the medicine, which was consequently suspended: but as she had frequent hysteric paroxysms of laughing and crying, I used assafœtida in small doses. The great source of uneasiness to her, and which evidently made her worse, is an impression, which she and the neighbours gave way to, that she is bewitched by an old woman who lives near her, and is very ill, and whom she thinks she sees every night. By threatening to apply a blister if she continued to see the old woman, under the plea of its being a strong proof of her disease being worse, I in some measure destroyed her foolish apprehensions; but the death of the old woman, about the beginning of the year, did more for me than all my threats; for she never saw her afterwards. Little was done for her at this time, except giving gentle doses of physic, as her teeth were very loose, and the spitting continued. On the 2d of January, 1804, I began the use

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use of tonics; columbo-root and steel a. ʒij. made into twelve doses; one three times a day; and on the 7th increased the steel to ʒiij. all with evident good effect. I have omitted to mention the motion of her eyes during sleep, although the convulsions of her head, &c. were totally suspended. She was now able to walk much more steadily, and mended daily. On the 11th, in addition to the powders, I ordered the shower-bath, with the happiest results. At this time I was struck, in her walking, with a kind of cataleptic affection—a sudden and involuntary stopping for nearly half a minute at a time, when she would again resume her walk. By the 23d she was nearly well; scarce a vestige of the disease remained; and her fatuity and idiotic appearance seemed quite gone; a few slight twitches of her fingers alone remaining, as if from habit merely. The cold bath for about a week longer completed her recovery.

March 20, 1804.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

In the numerous communications constantly inserted in your very useful Journal on Vaccination, I have been much surprised that no gentleman hath yet noticed those excellent Observations of Dr. Jenner on Herpetic Eruptions, published in your Journal of August last. Before I had read that valuable letter, I had long observed the often imperfect progress of the cow-pock pustule, in patients who had any irritative eruptive complaint. I not only found more difficulty in communicating the disease, but I had always been more or less dissatisfied with its influence on the system, as well as to external appearance. I am now convinced, that more real imperfect cases of vaccination hath occurred from this source, than any other; therefore medical gentlemen ought to be particularly cautious in minutely examining, before inoculation, whether their patients are free from all species of herpes, or itch; the latter, as well as the former, often impede the cow-pock pustule from proceeding regularly. Scrophula, on the contrary, seems to have no such effect. I have lately vaccinated a child, who had several large scrophulous ulcers,

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ers, yet passed thro' the disease properly and regularly; the wounds are now healed, and the child's general health appears much improved. Dr. Wood, in his History of Vaccination at Newcastle, in your last Journal, quotes Mr. Fife, respecting some slight eruptions about a child's ear; but he is totally silent on those sterling instructions, as well as observations, given us by Dr. Jenner, whom the world may still look up to for further information on this interesting subject. I can add but little weight to such authority. I shall only select one case, among many others, which I had a fair opportunity of witnessing. Mr. F's two children were inoculated with fresh vaccine fluid, on the 5th of October last; the youngest, ten months old, a fine healthy child, went through the disease regularly; the eldest, two years and a half, had been subject to a violent herpetic eruption, since he was four months old. His arm on the second day appeared much inflamed; on the third and fourth, the inflammation was so vivid, that I pronounced the pustule to be irregular; from those days to the twelfth every appearance, both as to efflorescence and scabbing, were incomplete. The child continued for a month pretty free from eruptions, during which time I again attempted to vaccinate him; but he became so cross and turbulent that I was obliged to desist. I conceive this child certainly liable to variolous infection at any future period, unless he is more perfectly vaccinated.* The above case strikingly confirms the effect of irritative eruptions, in preventing perfect vaccination; both children were inoculated at the same time, with the same fluid; one had herpes, the other none; one passed the disease regularly, the other did not.

With begging medical men to pay more particular attention to this subject,

I am, &c.

W. CLEMENT.

Shrewsbury, March 12, 1805.

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* What were the causes that frequently prevented variolous infection from taking place after repeated inoculations? Were they eruptions or some constitutional idiosyncrasy? Were those cases in Fullwood's Rents, and some others we have heard of, free from all cuticular eruption during vaccination?

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON the 1st of this month I vaccinated with the same fluid the two children of a Mr. S. who lives at No. 78, in Pembroke-street, in this town; the eldest is three years old, the youngest eight months: the former has a fair complexion and light hair, and has always been healthy. The vaccinated parts on both arms of this child having taken on a pustulous character, and terminated in ugly yellowish waxy looking scabs, surrounded with an angry fretful redness, I was led very minutely to examine the whole surface of this child's skin. I discovered eight or ten large, foul, nasty blotches, two or three of which were nearly as broad as the nail of my fore finger, and certainly more resembled those we now and then meet with in cases of inveterate or ill cured psora than any other I can refer them to. The scabs of some had fallen off, and the surfaces of these were now scaly. Under one axilla, an excoriated and diffused eruption was much more like the usual appearance of recent scabies on that part. On further inquiry, I found that this child had been more or less subject to blotches of this description from its birth. It may not, perhaps, be out of place to mention, that the father of this child suffered formerly, and not long since, much from the scrophula, under the observation of a very respectable surgeon in this town. The mother is free of every cutaneous disease, and apparently one of the healthiest women in the world. The vesicle on the youngest child's arm (this child has no cutaneous affection) has been correctly expressed, and is now, the thirteenth day, going on to the characteristic black, horny scab.

The preceding case strikingly accords with Dr. Jenner's assertion, that some cutaneous affections now and then suspend or interrupt the regular impression of the vaccine principle. Doctors Remmett and May, Messrs. Little, Dunsterville, Smith, Penkivil, and Bone, did me the favour to visit this child. These gentlemen have, from this case, expressed themselves perfectly convinced of the truth and accuracy of Dr. Jenner's observation. This is not a case of *that incomplete vaccination which I have lately elsewhere*

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adverted to:—No; in this case there scarcely seems to have been any thing of vaccination; yet would this, from the extent of local affection, &c. in an early period of the practice, have imposed on some. How strongly this case teaches us to see repeatedly, at different periods, the subjects of vaccination. Having, I sincerely hope, done for ever with the small-pox, I am precluded from making an experiment with it on this subject. I have, no doubt, however, that I should equally fail in any attempts to produce a genuine variola on this child during the continuance of this affection on its skin, as I have in my endeavours with the vaccine principle to effect a genuine vaccina. But this analogous inference, as it is open to cavil, will be violently borne down by those persons who *take every thing but give nothing*; by those who, although the Ars Medica, in a general point of view, is confessedly the Ars Conjecturalis, attempt to strangle in birth every conjecture which is forcibly, strikingly, and rationally favourable to the interests of vaccination, and at once quash it as inadmissable in the discussion; at the same time they are insisting on, with every prolixity of detail, a string of greater rhapsodies and more extravagant flights, than were ever till now brought forward on this or any other subject:—in other words, by those who strain at a gnat and swallow a camel. Under such auspices, neither will the liberal science of medicine, nor any other, be expected to make many advances; indeed, his imperantibus, even another Galeleo might tremble for his fate. We shall not in the West Country, however, be soon laughed or frightened out of the little sense we have been blessed with. If this discussion must assume a character of warfare, let the contest be purely English; let it be manly, open, and generous; let us have nothing of assassination in it. I purpose, bye and bye, to give the subject of this case the hydrargyrus cum sulphure; to anoint him with the sulphur ointment; and, if I succeed in removing the disease on his skin, to re-vaccinate him under the observation of the same gentlemen I have mentioned above.

I am, &c.

Plymouth Dock, Mar. 13, 1805. RICHARD DUNNING.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

WHILE Vaccination, in this its native kingdom, is principally promoted by a few humble and obscure individuals, it is more justly appreciated in other countries. In France, it is cultivated with unremitting ardor; and all the energies of Government are called forth in support of the practice.

Its propagation is there encouraged by something more than barren patronage, and empty names. It is there considered as a national concern. The Minister of the Interior has instituted a Society for the Extermination of the Small-pox, over which he himself presides; and under his auspices, upwards of sixty thousand human beings have been secured from the ravages of the small-pox, within the space of three months.

I here subjoin a translation of the Plan of that Society; and cannot conclude without declaring, that I would rather be Chaptal at the head of his benevolent Institution, than Bonaparte in all his glory.

I am, &c.

New Street, Hanover Square. JOHN RING.

"MINISTER OF THE INTERIOR.

"Society for the Extermination of the Small-pox in France, "by Means of Vaccination.

"Letter of the Minister to the Prefects.

"*Paris*, 14 *Germinal*, *An.* 12.

"I invited you, Citizen Prefect, by my circular letter of last Prairial, to promote by all the means in your power Vaccine Inoculation; the immense advantages of which, for the increase of population, and the welfare of mankind, are so completely demonstrated.

"The Prefects in many departments are already impressed with a zeal worthy of the highest eulogiums, to fulfil in this respect the paternal views of Government; by establishing Committees of Vaccination, and organising the practice of this salutary art, in the different districts submitted to their care. It is to second their generous efforts, to strengthen them, and to regulate them by a ge-

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neral impulse, that I again call your attention to this important subject.

" The Central Committee of Vaccination, whose report has reflected so much light upon that novel species of practice, have expressed a wish, that a new society for propagating vaccine inoculation should be established; for the purpose of accomplishing the extermination of the small-pox in France,—an object of the highest concern; the practicability of which, already self-evident, was, thanks to their zeal, still farther confirmed by striking examples, and undeniable proofs. I am anxious to gratify this wish, which had been equally expressed by the National Institute. Men distinguished by their rank and talents have united themselves; forming a new society, the plan of which I now address to you. Of this society, the actual Members of the Central Committee of Vaccination, from their experience, and their devotion to the cause, ought to constitute a part. I now invite you to share their labours, and to second their exertions.

" It belongs more particularly to the Prefects, to extend through the departments the measures which the society has adopted; to the execution of which I am ready to dedicate all my attention.

" The advantages of vaccine inoculation are so obvious, and so easily attained, that the most certain method of making them known is, to enable every class of citizens to estimate their just value. It is, in fact, the peculiar nature of this discovery, to work its own way, and to propagate itself readily by the evidence of its utility, and of the benefits it confers. Being exempt from every kind of inconvenience, and, when once performed, not subjecting the patient to any expense, we are naturally prejudiced in favor of the practice; while the epidemic small-pox, so frequently recurring, and sparing, in the most populous neighbourhoods, when it rages in all its fury, those who have been inoculated with the cow-pock, offers a satisfactory demonsfration of its efficacy to every observer.

" It is necessary to apply ourselves particularly to this practice, in order to give it new life; and to multiply, under the immediate inspection of the people, the opportunities of judging of its advantage. By recommending it to the institutors of lyceums, the managers of religious establishments, the proprietors of manufactories, and the governors of workhouses, who employ a great number of children, you will set our cities a salutary example.

" The children who are supported by the state, when vaccinated,

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vaccinated, and sent into the country, will also serve to make known the advantages of the new inoculation; unless, through the confidence of certain families in the skill of the faculty, or the zeal and good sense of some of the more intelligent inhabitants, it is already propagated there.

"The establishment of midwives, who are educated in the hospitals of Paris, in different parts of the country, the Juries of Medicine, and the sisters of charity, dispersed through the several communes, will prove still more the means of propagating the knowledge and practice of vaccination among the people. But above all, we must exert our utmost endeavours, to enlighten the public opinion; for which purpose, all the facts, and all the results of experiments, should be carefully collected. The most striking instances of preservation, observed during the epidemic small-pox, should be published; and if errors present themselves, or ignorance presume to make false allegations, the former should be carefully corrected, the latter speedily and forcibly refuted. A great number of results would contribute to fix the public opinion.

"The natural effect of propagating vaccination must be, to render the small-pox more and more rare. By keeping an annual register of the continual decrease of the number attacked with that disease, and of the proportion of its victims in our Bills of Mortality, we shall produce general conviction; and no cause will any longer retard the adoption of a practice, which is known to be the source of so great a benefit.

"This is the object we have in view; and, in order to attain it, we must dispute every inch of ground with the enemy, whom we wish to exterminate, by a wise combination of efforts; and by an union of measures which embrace every part of France. It appears to me necessary, that the example already set by some Prefects, should be followed by all; and that the course they pursue, is calculated to obtain uniform evidence upon every point, and unquestionable results from every quarter.

"This end will be accomplished, by establishing in every department a Committee of Vaccination, composed of the most intelligent medical practitioners, and associating with them citizens distinguished by their rank, fortune, and character. The ministers of the Gospel will be useful in these associations, on account of their influence. Many examples have taught us what services they may render on this occasion.

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" We must commit to the disposal of every committee, in the towns where they are formed, one of the halls of the most frequented religious houses; with all the means necessary for constantly keeping up the practice of vaccination. In the towns of a sub-prefecture, committees of districts should be established, to correspond with the committee of the department; or we may supply the want of this measure, by appointing one or two of the most intelligent physicians, who shall be associated with the committee of the department.

" In order to extend vaccination through the country, one or two officers of health, in each canton, should be charged by the Prefect to vaccinate the poor gratuitously; or, if circumstances require it, the Prefect should appoint Professors of the art, who shall be directed to propagate inoculation through the country, at stated times. Such resources should be combined as situations admit, and opportunities offer; and those should be preferred, which promise the greatest advantage.

" The instructions and advice which may be deemed necessary, and the supplies of vaccine matter, shall be procured from the Committee of the Society; who shall answer every demand without delay.

" The Prefects shall address to me, every month, the result of the measures they adopt; and inform me of such medical practitioners, and zealous citizens, as shall distinguish themselves by their success, and their devotion to this cause; they shall also send to the society the observations they collect. I recommend to their attention the arrangement of the tables, a model of which is annexed. They will take care to send me two copies.

" Such are the means, Citizen Prefect, which I have thought it my duty to propose; the success of which, in my opinion, will be the more certain, in proportion as they approach to the plan adopted by the society. No object calls more loudly for your attention; it is one of the dearest interests of the state, and a certain mode of augmenting our population. By employing all the means in your power to enlighten the public opinion, by exciting the solicitude of families, and removing those obstacles, which the fear of a trifling expense too often opposes to the greatest benefit, you will manifest to all the citizens, even in the lowest ranks of society, the advantage of the new practice, which secures their preservation.

" On my part I will second your efforts, I will support you with all the power of Government; and, confident of your

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your zeal, and that of the Society which devotes itself to the accomplishment of this good work in which we are all engaged, I doubt not but we shall, in a few years, annihilate the small-pox in France, as we have already annihilated the leprosy, and many other calamities of this kind; of which no traces are to be found, but in obscure or insulated cantons, or in the page of history.

"I have the honour to be, &c.

"CHAPTAL."

"*The Plan of the Society for the Extermination of the Small-pox in France, by Means of Vaccination.*

"The numerous experiments instituted in France, during the space of four years, prove, in the most incontestible manner, that the cow-pock is a security against the small-pox, by a process as certain in its effects, as it is mild and simple in its operation. Its success is established by more than a hundred thousand facts, verified by the Central Committee.

"During the four years that this Committee have pursued, with no less zeal than impartiality, the progress of vaccination, not a single fact has occurred that could shake the public confidence. It has been proved, that all which has been written to the contrary, has been the result of ignorance or of falsehood.

"We are now endeavouring to employ the means of diffusing the benefits of this salutary practice; and, by bringing it, as we hope, into general use, utterly to banish the small-pox. Such is the object of this new society forming in Paris, under the auspices of the Minister of the Interior; and which, already fortified by all the means Government can submit to its disposal, wishes to unite and concentrate every kind of knowledge, talent, reputation, and authority, in one point. The annexed ordinance of the Minister of the Interior, will explain the plan and organisation of the society.

"The extreme importance of this design, and the incalculable advantage which will result from its execution, leave no room to doubt, that every citizen, and every friend of humanity and of his country, will applaud the undertaking; and be eager to share our labours. Innumerable facts have demonstrated, that vaccination shields those who have submitted to it from the attack of the small-pox; and in the mean time, it is ascertained by proofs equally incontestible, that by multiplying it as oc-

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casion requires, we may banish that contagion from the most populous neighbourhood; and even from the precincts of a town or a city. Hospitals containing a thousand children, or more, have been thus preserved from an epidemic small-pox, by vaccinating those who had not undergone the disease. In some districts, where the epidemic small-pox had appeared, it was confined to, and extinguished in, the house where it first broke out, by vaccinating all the infants in the neighbourhood.

"To conclude, we have seen the infection, when spread over a large tract of country, arrested in its course at the gates of cities, where the inhabitants in general had been inoculated with the cow-pock. These memorable occurrences give us room to hope, that by propagating vaccination in every direction, and rendering the practice general, we may accomplish the extermination of the small-pox in France. This is the final object of our endeavours, the practicability of which is evident; and if we all cordially and strenuously unite in its execution, the French nation will set a great and glorious example to the world.

"*The Ordinance of the Minister of the Interior, concerning the Formation of a Central Society of Vaccination.*

"The Minister of the Interior, considering that the advantages of Vaccination have been sufficiently ascertained, by the numerous experiments made, or collected, by the Central Committee established at Paris, and by the National Institute; that this method, already practised with success in almost every part of France, only requires a regular and uniform mode of propagation, in order to obtain every degree of extension of which it is susceptible, has issued the following decree.

"1. There shall be at Paris, near the Minister of the Interior, a Central Society of Vaccination, of which the Minister shall be President.

"2. The Members of the Society are,

Delaplace, Chancellor of the Senate.
Lacepede, Grand Chancellor of the Legion of Honour.
Fontanes, President of the Legislative Corps.
Portalis,
Fourcroy,
Regnault (de S. Jean d'Angely) } Counsellors of State,
Berthollet, Senator.
La Rochefoucault Liancourt.
Corvisart, Physician of Government,
Coulomb, Secretary Gen. of the Minister of the Interior.
Thouret,

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Thouret, Director of the School of Medicine.
J. J. Leroux, Professor of the School of Medicine.
Mongenot, Jadelot, } Physicians of the Hospital des Enfans.
Marin, Surgeon of the Lyceum.
Doussin Dubreuil, Guillotin, Salmade, Delaroche, } Doctors of Physic.
Parfait, } Member of the Central Bureau of Admission to the Hospitals.
Husson, Physician of the Hospital of Vaccination.
Hallé, Huzard, Tessier, Cuvier, Delambre, Parmentier, Pinel, Degerando, } Members of the National Institute.
Duquesnoy, Delessert, } Membs. of the Council Gen. of Hospitals.
Delasteyrie.
Coste, Physician of Invalids.
Barbier Neuville, } Chief of Division to the Minister of the Interior.

" 3. There shall be formed in the bosom of the Society, a Committee, consisting of sixteen Members, and the Secretary of the Society.

" 4. The Members of the Committee are Citizens Thouret, Corvisart, Pinel, Leroux, Hallé, Huzard, Guillotin, Salmade, Parfait, Delaroche, Marin, Jadelot, Delasteyrie, Doussin Dubreuil, Mongenot, and Husson.

" 5. The Secretary of the Society shall also be that of the Committee. The Minister appoints Cit. Husson to this situation.

" 6. The Prefects of the departments shall maintain a regular correspondence upon all subjects relative to vaccination, and to epidemic and epizootic small-pox; two copies of which shall be transmitted to the Minister; one for himself, and the other for the Society. The Prefects who shall be at Paris upon leave, may assist at the sittings of the Society.

" 7. Instructions shall be sent to the Prefects, with which they shall be requested to conform, as far as their situation will permit. The plans they have already adopted, for

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for propagating vaccination in their departments, shall be transmitted to the Minister, in order that, if necessary, and after the opinion of their Society has been taken, they may be sanctioned with his approbation.

" 8. An annual report shall be made to the Society, at its public meeting, upon the labours undertaken in France for propagating vaccination; and upon the registers that shall be sent by the departments.

" 9. Testimonials shall be granted, and rewards given, to those persons who have displayed the greatest zeal in propagating vaccination.

" This arret is dated the 14th of Germinal, and the 12th year of the Republic; and signed Chaptal, Minister of the Interior."

" *Regulations adopted by the Minister of the Interior, for the Committee of the Central Society of Vaccination.*

" 1. The meetings of the Committee formed in the bosom of the Society, shall be held every Friday; and last from three to five hours.

" 2. The Committee shall meet oftener, if necessary, on receiving notice from the President of the Society.

" 3. The Committee shall correspond with the Prefects of Departments; and render an account every week to the Minister, and every month to the Society, of the facts relative to vaccination, which are contained in that correspondence.

" 4. The President of the Committee is to be chosen by ballot, and by a majority of votes. He shall continue in office six months.

" 5. The Secretary is to have the charge of all correspondence that is carried on in the name of the Committee, to take copies of the registers sent by the Prefects; to answer every thing relative to the science, and to send out supplies of cow-pock matter. He is to present, at every meeting of the Committee, a report of the labours of the week, to keep the minutes, to draw up the verbal process, and attend without delay to all letters and memoirs. He is to be the organ between the Committee and the Minister.

" 6. The Secretary shall also answer all questions on the part of the administration of the Committees of the departments; but the answers on this subject shall be submitted to the General Meeting of the Society; and signed, if

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if possible, by the Minister, who is President of the Society.

"7. There shall be a General Meeting of the Society every month, in which the Secretary shall make a report upon the whole correspondence, the progress of the new practice, the improvements that may be expected, and the rewards that are to be conferred.

"I hereby certify, that this is a faithful copy of the original, entered in the verbal process of the meeting held by the Minister of the Interior, at Paris, on the 18th of Germinal, and the 12th year.

"HUSSON, Secretary.

"N.B. The correspondence, and applications for cow-pock matter, are to be addressed under cover to the Minister of the Interior, 'Au Cit. Husson, Docteur en Medicine, rue et école de Medicine, Paris."

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE discovery, which, as was observed by an intelligent Greek in Egypt, is 'the glory of your isle!' has now made its way through the greater part of the globe; Vaccination is every where triumphant; the author has had honours showered down upon him by a wondering and grateful world. But, amid the numerous encomiums which have reached your Journal from every quarter, I think ye have not yet been enabled to exhibit a more honourable testimonial than what I have the satisfaction of now presenting to you.

It was handed to me this evening by the Dr. Beku, on his route to Edinburgh, in order to be forwarded to the Discoverer; but as it was our opinion that so signal a mark of approbation should not be locked up from the public by the delicacy of the gentleman to whom it is addressed; I intreat you to publish the whole of this highly flattering Diploma.

The French letter, which accompanied it, I have taken the liberty of translating, and hope you will deem it worthy of the perusal of your Readers.

Your's, respectfully,

Salisbury Square, 16, *iv*, 1805. JOHN WALKER.

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"To Dr. JENNER,

"*Honourary Member of the Imperial University of Wilna.*

"Sir,

"The Imperial University of Wilna, filled with a profound sentiment of esteem for the immortal Jenner, who has given us the Vaccine, of which the beneficent practice is already spread over the whole surface of the globe, unanimously did itself the gratification of conferring on you, in its sitting of the 19th of November last, the title of Honourary Member. It is with a satisfaction very grateful to me, Sir, that I take the earliest opportunity of communicating the information to you, and of sending you your Diploma.

The Imperial University of Wilna ventures to hope that you will deign to honour it with your correspondence, from which it cannot but promise itself the greatest advantage.

"I have the honour to be, with sentiments of high consideration, "Sir,

"Your very humble and obedient servant,

"J. Stroynowski,

"Bishop Rector of the University of Wilna."

Wilna, January 13, 1805.

"P.S. I have the honour, Sir, to recommend to your friendship, Counsellor Beku,* a Professor of our University, who will have the satisfaction to remit to you this letter and your diploma."

"Jussu Augustissimi Imperatoris et Authocratoris Totius Rossiae,

"ALEXANDRI I.

"Domini nostri Clementissimi.

"Hyeronymus Stroynowski de Strzemién Nominatus Episcopus Coadjutor Luccoriensis et Zytomiriensis, Praelatus Scholasticus Cathedralis Vilnensis, Eques Ordinis Sancti Stanislai, Theologiae et Juris Utriusque Doctor, Membrum Academiae Scientiarum Florentiae, Academiae Arcadum Romae, Coetus Literarii Varsaviae, et Imperatoriae Societatis Œconomicae Petropoli, Imperatoriae Universitatis

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* Dr. Beku, Counsellor of His Imperial and Russian Majesty, is Professor of Physiology in the University of Wilna. Ed.

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versitatis Vilnensis Rector Magnificus una cum Senatu Academico.

" Cum nuper in consessu literario Vir insigni eruditione et scientia, multisque laboribus conspicuus, accuratissimisque ad tuendam valetudinem praeceptis et observationibus, publicam in lucem editis, potissimum vero perquam nobilis ac primarius et classicus Vaccinae auctor audiat, quo quidem salutaris remedii genere multa mortalium millia praesentissimae morti eripuerit erepturusque sit, non solum de re literaria ac medica, sed de universo genere humano optime meritus EDWARDUS JENNER, Medicinae Doctor unanimi omnium Professorum sententia, in socium Imperatoriae Universitatis Vilnensis sit cooptatus; nos proinde pro munere nostro Eundem Clarissimum et Doctissimum Virum, omnibus juribus ac praerogativis, quae juxta leges Universitatis nostrae, honorificae huic associationi tribuuntur, gaudere testamur. In quorum fidem Diploma hocce manu nostra subscriptum Sigillo Universitatis muniri jussimus. Datum Vilnae in Œdibus Universitatis. XVI. Calendas Decembris, MDCCCIV anni.

" HYERONYMUS STROYNOWSKI.

" JOSEPHUS MICHIEWIEZ, Decanus Professorum Ordinis Scientiarum Physicarum et Mathemat. Canonicus Cathedralis Samogitiensis. mpp.

" SIMON MALEWSKI, Juris Nat. et Gen. Professor Consiliarius Aul. Secr. Imper. Univer. Vil."

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

OF all the gratifications to the human heart, that of flattery, when not administered *ad nauseam*, is one of the most delicious, and a large dose of it will often be received without any symptom of nausea being produced. How have I seen a whole bar stretch out their necks, on the learned judge making some trifling remark! If not nauseated by their yawning ears he must have felt himself an oracle. How unceremoniously ye have brought forward John Ring's singular case of malformation of the heart; while contemporary journalists (Med. and Chirurg. Rev. July, 1803) speaking of a morbid heart, 'hope to be rather

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commended than blamed for raising the expectation of the public to receive the history of the case from the able practitioner, who alone can give it accurately!' Why did you not do your 'Constant Correspondent' the credit of mentioning, since he has been silent on it himself, that he had given his prognosis to professional men as well as to the mother? I know not whether I am likely to offend or to please him, in offering some further observations on his very curious case.

From the appearances on dissection, he says, it is not surprising that the infant did not survive the period (one year) of her life; 'it is rather a wonder that she lived so long.' It is a wonder, I grant, that she lived so long; indeed, with me, there is cause of astonishment in her living *ex utero* at all. Why did she not expire at the time of the birth, immediately on ceasing to derive sanguification (oxygenation) from the placenta? and why, having survived a few respirations, did she not go on to experience, by some spontaneous effort of nature, an accommodation of the whole system to the condition of the amphibia? I say by some spontaneous effort, because we do not recognise in this very extraordinary case of malformation, a condition of thoracic viscera that would sustain the life even of a cold blooded animal;* nor in fact, does it seem to me possible to conceive in what way the effects of the confusion of parts could be obviated by any, the most extra-

* Amphibia and fishes, different from mammalia and birds, are said to have only one ventricle and one auricle for the circulation of their comparatively cold blood. But the heart of some of the amphibia seems to be so constructed as to act as a single heart, when the animal is under water, though in the air it may be capable of effecting the long circulation.

"In a water tortoise, (says Cheselden in his Anatomy of the Human Body, book iv. near the end of chap. iii.) which I had an opportunity of examining with that most dexterous and indefatigable anatomist Dr. Douglas, I found the two ventricles of the heart but half divided by a septum, and in the beginning of the pulmonary artery, several strong muscular rings, a little distant from each other; each of which, by contracting, would be capable of resisting a part of that blood, which otherwise would have been thrown into the lungs, when they were under water; and this blood, so obstructed, must necessarily be thrown into the aorta, the two ventricles being in a manner one common cavity; and when they are out of the water, this communication of ventricles will suffer but little confusion of the blood which flows into the ventricles, because each ventricle receiving and discharging the same quantity of blood, at the same time, they will balance each other, and thereby such a mixture will be very much prevented."

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extraordinary, efforts of nature. To both auricles of the heart, blood arives from the general system. The inferior cava pours its blood to the left side; there are two superior cavæ, and one of these pours its blood also to the left; the other, in the usual way, to the right. Here then are two currents of carbonated blood arriving at the left side of the heart, while only one arrives at the right, from which the pulmonary artery, very small, carries blood to the lungs, whence it makes its way to the left side. The description (page 121) shews that this last little renovated stream was liable to be mixed with the carbonated mass through all the cavities of the heart. Well might the complexion in some parts be of a lead colour; in others of a bluish purple. I am astonished that the child survived even an hour, the great change from the fœtal to the breathing state. Does not the case afford a proof that the animal is most tenacious of life in the early stages of its existence, when the important organs of brain, heart, liver, &c. are of the largest size, in proportion with other parts, particularly the parts of voluntary motion?

In the Blue Boy, in Sandifort's Collection, and in other similar cases where the subjects have even lived to approach puberty, direct communication, by an aperture, between the ventricles, has been discovered by dissection. This well explains the possibility, though not the necessity of unoxygenated blood getting into the aorta. From Cheselden's Observations on the Tortoise, I naturally enough suppose that the imperfection in the septum would not necessarily produce the morbid effect; that the septum might even be completed after birth; or, that the superior force of the left ventricle preventing this, and thus having the opportunity of acting, though the aperture, on the pulmonary system might even enlarge it, and keeping some part of the blood performing a short circulation through the lungs, hyperoxygenate the stream before its getting into the aorta, and thus produce the florid instead of the livid complexion. These considerations induce me to believe, — that the common case of malformation of the heart, in which the aorta arises from both ventricles, a deficiency in the septum of the ventricles being also found at the part where the aorta arises,— that this case of aperture, or deficiency, in the septum of the ventricles, must have arisen from a morbid state of the pulmonary vessels, a want of capacity in them to transmit the whole vital stream; and that hence unoxygenated blood has been forced through the septum, and hence must continue to be propelled through the general system by the contraction of the

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the left as well as of the right ventricle. The charming description of the structure of the healthy heart, and of the most curiously mechanical part of its physiology, if it may be so deemed, by Everard Home, does much increase my astonishment and surprise at the human subject's continuing to live under any, the least, irregularity in the structure of this vital organ. Your contemporaries promising themselves so much gratification 'from the present knowledge of the action of air (oxygen) in the lungs, on the thousand questions occurring to a well informed and inquisitive mind,' does not excite in me any ardent hopes of complete information. Indeed, if the blood were only sent to the lungs for the purpose of being fanned or cooled by the inspired air, or for the purpose of having a hot and noxious vapour carried off from it, all the motions of the heart would be as necessary for the preservation of the animal as they are at present. Respiration would be the same.

Your's, respectfully,

Salisbury Square, 17, iv. 1805. JOHN WALKER.

An Account of Success attending the Use of Medicines, prepared from the Humulus Lupulus, Lin.; by Mr. A. FREAKE, *Apothecary of Tottenham Court Road.*

PREVIOUSLY to presenting the public with the following account, it may be necessary to state those reasons which first induced me to make trial of the Lupulus, which had for so long a time been neglected, as a medicine; and I shall briefly state what led me to it.

In the beginning of 1801, I was applied to by a gentleman going abroad, to make some bitter tincture to take with him, in order that he might occasionally use a little of it diluted to strengthen his stomach, which rejected the bark in every form, and most of the bitters that had been prescribed for him. Among the numerous experiments I had made with herbs and flowers of the bitter class, as well as roots, barks, and other parts of vegetable substances, no one appeared to me so grateful as the lupulus. On mentioning that circumstance, he requested me to prepare some of the tincture, which I accordingly did; but before the process was finished the ship unexpectedly sailed, and he was obliged to go without the medicine, which may be considered as a fortunate circumstance; for, in all

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all probability, I should never have thought of using it as a medicine, any more than any other medical gentleman; but having the preparation complete, after a due examination of what different authors had said respecting it, I was induced to make trial of it whenever a fair opportunity occurred, and, not without reason to hope I should succeed in some particular cases; for as some of those authors mention that the lupulus promises to be applicable to valuable purposes in medicine, so *I* thought that it might, upon the principle that it is so materially useful in our malt liquors, and having every assurance it could not injure my patients when given with care, if it did not answer my expectation of affording relief.

The lady to whom I first gave this medicine was 80 years of age, much afflicted with scorbutic humour, which had at times almost covered the body, and generally once or twice a year had erysipelatous fever, which sometimes threatened her life; these complaints had lasted more than twenty years, (though she had often been relieved with medicines prescribed by physicians, as well as by my particular efforts, which were considerable, as I respected her much as a friend, and my visits were consequently made more frequently). The habit was costive, so that scarcely three days past without having recourse to some aperient medicine; she was very restless, and opiates, while they relieved one symptom, increased the other; flying pains were frequent, which were supposed the effect of latent gout, as her family was much afflicted with it, but thought she had not strength to throw it off. To this lady, whose stomach had become weak by age, disease, &c. as no medicine in the pharmacopœia likely to relieve had been omitted; I was induced to give one drachm of the tinct. lupuli comp. formed into a draught twice a day, with the hope and intent of strengthening the stomach, and continued that dose for sixteen days; it eased the flying pains, procured rest, the stomach became stronger, and the habit less costive; I then gave her the like dose three times a day for a month, when she was better in all respects. This flattering success encouraged me to persevere. I then made pills with the pulv. lupuli, also infusion with the flowers, and gave it at times in addition to the tincture before administered, which was continued for three months, at the end of which period very trifling humour remained, no return of erysipelas occurred, and aperient medicines were no longer needful. The tincture has been continued at intervals in different

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doses and no symptom of any alarming nature has returned since, nor has any other medicine been taken, (except a little antispasmodic mixture occasionally). The lady is now in her 84th year.

The success of this case induced me to make different preparations, and to select such cases as appeared most likely to be relieved. Every new experiment encouraged me to proceed, as I found it useful whenever tonic medicine could relieve; and with this manifest advantage over the bark, that it may often be used without heating the patient, when bark cannot prudently be given.

There was scarcely a person under my care with the influenza, at the beginning of 1803, but took some of the preparations before the disorder went off, for it proved an excellent tonic, and seemed to abate heat when inflammatory symptoms continued to prevail.

Several gentlemen afflicted with gout have regained strength much sooner than usual by taking some pills and draughts with a considerable proportion of that medicine in the composition. I have given it to some patients with very good effect while the swelling and inflammation existed, both which have gone off more kindly and speedily than they had usually done in other fits; in some cases the pills have relieved the symptoms that had generally preceded a fit.

A gentleman much habituated to gout (and to recover from which he was taking some of the pills) had also hydrocele. The case was seen by two surgeons, and the operation deferred for a short time; but I was agreeably surprised to find that as the gouty symptoms were going off, the swelling, which had for two years been gradually increasing, subsided of itself, and the part resumed its original size in less than two months, nor was any other medicine taken than the pills alluded to. The gentleman is now strong and healthy, and has not been laid up with gout since, though he usually had two fits in each year before.

I have administered the lupulus in different forms, (that is, in powder, tincture, pills, extract, infusion, decoction, and conserve) in a great number of cases; and although I have not kept an account, think I should be correct in stating that more than one half the number have been relieved. In no instance have I had cause to regret using the medicine, as only a slight affection of the head has occasionally happened, which did not continue long, and I do not recollect an untoward symptom to have occurred with

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with any patient that took it, nor has it prevented my using other medicines as auxiliaries.

I have made a plain * tincture of the lupulus, and a compound tincture, i. e. with the addition of tinct. cardam. comp.; one drachm of the former, or two of the latter, in the form of a draught, has been the dose I have generally given once or twice a day, occasionally adding other medicines as the case might require; the extreme dose, double that quantity in the twenty-four hours.

I have also given plain and compound pills; the former composed of the extract and powder, and the latter made with the addition of pulv. rhubarb. et zingiberis; of either of these I have given two or three pills once or twice a day, and the extreme dose has been double that number in the twenty-four hours.

The beneficial effects of the lupulus appear to arise from its alterative and tonic power on the system, and by correcting acrimony, which it does in an eminent degree; it is sedative, aperient, and diuretic, and a good antiseptic and corroborant in bowel complaints. Pain has been eased and rest procured with this medicine when opium, &c. did not succeed, or could not be continued with safety.

This being the fourth year in which I have experienced the properties the lupulus possesses, I can with confidence assert, that if it does not supercede the use of many medicines hitherto very justly extolled, it will at least prove a valuable addition to the number already in use; and as it has been hinted by a medical gentleman of some notoriety, that it is not a good medicine in the gout, but, on the contrary, is one of the causes that produce it, I can only say, that should the legislature be inclined to offer a reward for the discovery of the best medicine to ease, relieve, and prevent the violent recurrence of that complaint, I should not be fearful of gaining the prize by naming the lupulus.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THAT candour and impartiality which characterize your Journal, induce me to trouble you with a few Observations, in defence of my opinions on the Nature

* The proportions were a pound and a half to a gallon of proof spirit.

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and Treatment of Bubo, rendered necessary by some remarks in one of your Numbers and in the British Critic.

Practitioners experienced in the treatment of the venereal disease, agree that ulcerated bubo very frequently resists the treatment to which venereal ulcers in other parts as frequently yield; that the sores change their aspect from mildness to malignity, and continue spreading to a dangerous extent, under the use of mercury; that its disuse, in such cases, is attended with beneficial effects, and cures take place without it; whilst in true venereal ulcers of other parts, the reverse invariably occurs; they change from malignity to mildness, and cures are effected by it only.

Mercury, the acknowledged antidote, cures the ulcer every where but in the groin; there, in many instances, it not only does not cure, but aggravates the symptoms; this is not my experience alone. (See the pamphlet.)

Is the Medical Observer, with such facts before his eyes, heedlessly to pass them by, and reject the lessons of experience, insensible to the advantages which the science of medicine derives from a vigilant attention to diseased changes, and the great importance of detecting and marking contra-indications.

The sum of my opinions is, that as mercury is found to aggravate bubo in bad habits, and many recover from the most distressing symptoms without it; there is good reason for abstaining entirely from its use in such habits. Also, it is often doubtful whether or not bubo had a venereal origin, ulcers of the penis, phymosis, and bubo having often occurred, previous to the appearance of the venereal disease, *as noticed in the original work*, is an additional argument in favour of delaying the use of mercury.

I do not consider bubo non-syphilitic in general, nor a critical abscess, but contend that the many cases which occur of its resisting mercury, &c. furnish ground for considering it alone often an equivocal symptom; and as mercury renders it still more equivocal, its exhibition should be delayed until there was more proof that it was necessary. When bubos spread to great extent, and the health is impaired under the influence of mercury in irritable subjects, it is extremely difficult to decide what course is best to be pursued; it would be much less so, if no mercury had been used, and positive evidence existed of the case being venereal.

In my observations I suggested a rationale, which, if well founded, explains the phenomenon under discussion, and gives validity to the opinions I have advanced.

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The question naturally arises, is it possible that the virus, granting the bubo to have a venereal origin, might proceed no further than the groin? When we consider the structure of glands, it is easy to conceive that an inflamed state would at least suspend for a time the absorption; and that should that state terminate quickly in sloughing, the lymphatics would be destroyed, and in that way the virus be cut of in limine; an event which is admitted as taking place in the phagadenic chancre. Although bubo and constitutional appearances often occur together, still there is abundant evidence that it is frequently local, and to encourage the practice of delaying the use of mercury in such subjects as are known to be materially injured by it. With respect to establishing a general rule, not to give mercury in any case of bubo unaccompanied by other symptoms, I will not insist; but conceive that the peculiar circumstances attending the disease, justify a deviation from the practice ordinarily pursued. I am, &c.

Dublin, March 23, 1805. EDWARD GEOGHEGAN

On the Casualties occurring in the cooling Treatment of Gout.

To the Editors of the Medical and Physical Journal.

Gentlemen,

SINCE last I had the honour of adressing you on the subject of gout, the Medical and Physical Journal, a work as much distinguished for its impartiality in the selection of the materials from which it is composed, as it is eminently calculated for the diffusion of medical science, in all its branches, contains two interesting cases; one communicated by Messrs. Scott and Taynton, and the other by Mr. O'Neal; both of them so dehortatory from the refrigerant treatment of gout, provided *a due degree of caution* be not used in its adoption, that I cannot but feel myself strongly inclined to offer a few remarks on each of those cases. My intention principally is, to deduce from them the propriety, and even the necessity, of being guided by some *principle*, in the administration of so powerful a remedy; and besides, erecting the superstructure of any doctrine on the foundation of cases detailed by others, is the likeliest method, I conceive, of obviating every suspicion of

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being biassed in my opinion by a preconceived theory. Notwithstanding the *confidence* with which the refrigerant treatment is recommended by Dr. Kinglake, in all cases indiscriminately, the *arguments* by which he has supported his doctrine, and the *experiments* by which it is sanctioned, it is, I think, sufficiently apparent, from well-attested instances of failure, where his plan of cure has been acted upon, that his theory, in some particulars, stands in need of reconsideration; and that the practice, which, at the outset, promised such immediate and complete relief to a most excruciating malady, is, for want of such revision, in danger of falling into undeserved disrepute and consequent disuse; and for no other reason, than on account of those *frequent casualties*, which different practitioners have observed to arise from its use, and have faithfully communicated to the public. I hope he does not find a reluctancy in himself to consider them as *something more* than "morbid coincidencies," or "accidental occurrences," through fear of acknowledging the imperfection of his theory. As he cannot have the vanity to suppose, that his dissertation is exempt from the frailty he has in common with other men, so it would be more honourable to himself, more satisfactory to the public, and would more extensively diffuse the benefit of his discovery, if he would attempt to connect these casualties with his theory; arrange the numerous detached occurrences, to which the cooling treatment of gout has given an unexpected birth; and digest them into the body of his work. Who is likely to be so competent as himself, to elucidate this obscure subject, and to point out the particular constitutional character, where injury is to be apprehended from subjecting any part of the system to a reduced temperature? And, besides, ought the public to be disappointed in their reasonable expectation, that having sanctioned, by the authority of his example and recommendation, a practice in which the welfare of thousands is involved, and defended his doctrine with a shield of science, which, however, the shaft of casualty threatens to pierce, that he would, at least, endeavour to render his pathology of the disease less vulnerable, and to place it more out of the reach of attack? Would not this be more worthy of a philosopher, than to tell us, that "he has yet to learn that the cessation of torture on the extremities," however suddenly produced by cold affusion on the affected parts (for this it must mean, if it means any thing applicable to the subject) can give rise to fatal excitement, whether inflammatory or nervous,

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on the visceral organs?" (see his remarks on Mr. O'Neal's case, in the Medical and Physical Journal); or content himself with asserting his belief, that "the colouring is highly overcharged, the morbid symptoms greatly exaggerated," (see his reply to Mr. Edlin) when similar symptoms are found, in nearly the same degree, to have arisen in other similar cases, under nearly similar circumstances, and are described by persons whom he cannot object to as prejudiced against his theory; for instance, Messrs. Scott and Taynton, and Mr. O'Neal, who, on the contrary, are avowed favourers of it?

But since this task seems, at the present moment (I hope it will not continue) to be declined by Dr. Kinglake, the remarks, which the perusal of the above-mentioned communications has occasioned me to make, are intended, in some degree, though certainly in a very inadequate one, to supply that deficiency.

Having made these preliminary observations, I proceed, without further delay, to the proper subject of this paper.

The consequences of a premature and injudicious recourse to the cooling treatment of gout have been denominated *casualties*; which, however, is an objectionable name for that effect which we have reason to expect will ensue, and which we find does in fact ensue from a given cause. For they arise naturally, as repeated experiments have shown, from the improper, not to say empirical use, or rather abuse, of one of the greatest and most invaluable remedies in gout, when exerting its influence on fit occasions. From the censure which this remark implies, although I cannot vindicate Mr. O'Neal, it will soon be evident, that Mess. Scott and Taynton are perfectly exempted; and that their confidence in the beneficial effects of reduced temperature, when cautiously administered, has indeed rescued from the imputation of inefficiency, and of injury, this noble remedy, at a time when, from the preceding failure, it was in danger of incurring that double censure; when few, indeed, of the professed admirers of Dr. Kinglake's theory would have ventured on a repetition of the refrigerant application; but which these gentlemen, guided by the enlightened view in which they contemplated the symptoms before them, did not scruple to repeat; and the sequel of the case, which was favourable, attested and confirmed their sagacity.

The case communicated by Messrs. Scott and Taynton may seem indeed, on a superficial view, to bid defiance to any attempt at explanation, that can reconcile it to either

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the old theory of gout, or the new one of Dr. K. Upon a nearer inspection, it will be found to favour that pathology of the disease, which, I believe, is entertained by the generality of the profession; to satisfy us that gout is *not* merely a *local* malady, but a *constitutional* affection; and to confirm the propriety of a *cautious* exhibition, but by no means of the total relinquishment, of the refrigerant remedy.

In the first attack, of October 10, 1803, the propriety of a precautionary cordial medicine is very apparent; for it may well be supposed to have preserved the patient, who had just before complained of *general indisposition*, on treating the inflamed part with cold applications, from that unusual torpor which, in a subsequent attack, when the patient himself unadvisedly made a similar application without that precaution, is said to have occurred, and to have been attended with other formidable symptoms of constitutional disturbance. The next day, when the cooling application was made to the knees, *as soon as they became painful*, and, as it should seem, before inflammation was fixed on those parts, and when no precautionary medicine was exhibited internally, the head and stomach became considerably affected. But, as the whole of this attack seems to have been a very slight one, so these affections were easily removed by some stimulating medicine; and from that moment the patient gradually and speedily recovered.

The second attack, of October 1804, appears also to have been a slight one, and to have been removed without constitutional disturbance, by the refrigerant process evincing the perfect efficiency of that remedy, under judicious management. For it is to be observed, the patient himself does not appear to have ventured this time on the cooling application, till his medical advisers assented to his wishes; which, as they lived at a distance from their patient, probably allowed time for the internal viscera to recover their accustomed vigour, and, on this account, no constitutional disturbance supervened.

But in the last and principal attack, which happened about a month afterwards, we are told, *without the least delay or hesitation*, and consequently without the direction of his medical pilots, who, on former occasions, had steered him safely through the shoals and quicksands of this distemper, he plunged into water far beyond his depth, and was certainly very near *sinking*; for he was immediately seized with an "unusual torpor over the whole frame, an intense pain in the stomach, frequent vomiting, and delirium;

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krium;" and, what is truly astonishing, he continued the cold application *two hours*, with a perseverance and courage worthy of a better cause, notwithstanding the accession of those formidable symptoms. Certainly Alexander the Great, when, bathed in sweat, he plunged into the Cydnus,* must yield the palm of superior intrepidity to Mr. Mace of Chislehurst.

We find, in the course of this last attack, that the constitutional affection was as manifest, when the extremities were covered with flannel, as when the refrigerant plan was attempted. But I should only infer from this circumstance, and it is evident from the detail, that the patient was not yet recovered from the injurious effects of the two hours exposure to the refrigerant process; and it is probable, therefore, that in so strong a predisposition to torpor, a very small exposure to any other debilitating cause, not noticed, and guarded against, might have produced both the constitutional affection, and the new inflammation of the right hand, which now occurred.

There is only one more remark, suggested to me by the concluding circumstances of this case, which demand particular attention, for the proof which they afford of the *safety* and *efficacy* of the refrigerant remedy, at a *proper period* of genuine gout, as the *necessity of caution* had been clearly demonstrated, at a preceding period of the same disorder. Notwithstanding the patient had been so great a sufferer, in the former part of this attack, from his own injudicious application of a remedy which he was unable to manage and controul, yet we find that the medical attendants were not deterred by this discouraging circumstance (and surely their confidence, under the guidance of discretion, reflects on them the highest honour), in a subsequent

* It is curious to observe not only *the effects on the body*, but *the time* also, which Mr. Mace's fellow-sufferer, from the same element, chose for his celebrated plunge. *Æstas* erat, et diei *fervidissimum tempus* caperat. Pulvere ac sudore simul perfusum regem invitavit liquor fluminis, ut *calidum adhuc corpus* abluerat. Descendit in flumen. Vixque ingressi subito horrore *artus rigere* cæperunt: *pallor* deinde suffusus est, et *totum* propemodum *corpus vitalis calor* reliquit. *Expiranti similem* ministri manu excipiunt, nec satis *compotem mentis* in tabernaculum deferunt. Quintus Curtius, lib. 3. The learned reader may remember, that the river Cydnus, which was remarkable for its coldness, is celebrated by an ancient author, I believe, Vitruvius, who flourished in the Augustan Age; for what? *for curing the gout by bathing the legs in it.* I have not, at this moment, an opportunity of consulting the original: but, in Ainsworth's Dictionary, under the proper name Cydnus, there is a reference to the passage.

part

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part of the same attack, when the inflammation ran high on the extremities, and when the constitutional disorder appeared to have terminated, from seizing that favourable moment, and recurring to a remedy which they knew to be the only adequate one to subdue gouty inflammation. The success was answerable to the confidence which they assumed; and exhibits the triumph of the cooling treatment of gout, when a proper degree of caution directs the application of that important remedy.

With respect to the other case, communicated by Mr. O'Neal, the *gouty* character is so strongly marked, that I think it unnecessary to attempt a refutation of the opinion, suggested by the author himself, and assented to by Dr. Kinglake, that it was, from the *commencement, an apoplectic attack.* For though gout and apoplexy have been supposed, by some authors, to be nearly allied to each other, yet their distinguishing features are so widely different, that I believe the one was never before mistaken for the other; nor apoplexy ever known to "*commence* with a torpor of the stomach, succeeded by a considerable *swelling* and *inflammation* of the foot." These particular symptoms are asserted, by Mr. O'Neal, to have characterized the *commencement* of his patient's illness; and, agreeably to the pathology which is entertained, I think, by nine-tenths of the profession, and to the description I gave of it in the 70th Number of your Journal, it is impossible for me not to recognize that distemper which is called gout.

There is reason to believe, indeed, that the *constitutional* torpor, in particular temperaments, is of so short duration, and so immediately succeeded by *topical* inflammation, as to escape the notice sometimes of the patient himself. The torpor of the case before us was of a more permanent nature; and not having been removed by the *salutary* effects on the system, which the inflammation of the foot, aided by proper medicine, or perhaps without medicine, in the space of two or three days, would probably have produced, but, as it is reasonable to suppose, *increased* and *extended* by the topical application of cold water first to the foot, then externally and internally to the region of the stomach itself, can we be surprized that the *brain* should become involved in a state of similar torpor? The pernicious influence of reduced temperature, on a habit strongly predisposed to torpor, is distinctly marked throughout the whole progress of this interesting case. An exposure to a drizzling rain all night, seems, in the first instance, to have produced a torpor on the skin, which

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which sympathetically affected the stomach. Then a *natural* effort was made to remove it by topical inflammation of the foot; but this being prevented by the contrary effects of a mistaken theory, the torpor appears to have been driven from the stomach to the brain. It was still pursued, when concentrated on that important organ, with fatal perseverance in the same mistaken treatment; until, at last (what other termination could be expected?) it seems to have been extended to the only remaining vital organ, where, *to stop its motions*, or to be *torpid*, is inevitable dissolution.

Mr. O'Neal, rather unseasonably, I think, at the conclusion of such an unfortunate case, declares his resolution of *following up* the same mode of treatment, until he sees *good reason* for relinquishing it. It is natural to ask him, what better reasons does he desire, or expect to find, than the result of the experiment which he has made, and most honourably permitted to be published? But it is not necessary to pursue my comments on this Case to any greater length; and I am sorry that my argument has led me to observations, which imply so much censure on the conduct of a professional man, who, I doubt not, in all other respects, is eminently useful in the station which he fills. If the liberty which I have taken should be thought to stand in need of further apology, I might defend it by the authority of one, who, on subjects relating to Ethicks, will not be found often mistaken; and apply to this particular occasion the more general sentiment of that great moralist: "He that writes, may be considered as a kind of general challenger, whom every one has a right to attack; since he quits the common rank of life, steps forward beyond the lists, and offers his merit to the public judgment. The duty of criticism is neither to depreciate nor dignify by partial representations; but to hold out the light of reason, whatever it may discover; and to promulgate the determinations of truth, whatever she shall dictate." Rambler, 93.

The observations, to which the two preceding cases of Gout have given rise, in conjunction with my remarks in the 72d Number of your Journal, on Mr. Edlin's publication, have no other object in view than to execute, as well as I was able, this *duty of criticism*. The reader is requested to consider them as supplemental to the paper on Gout, which is published in your 70th Number; as they are a continuation of that subject, and corroborative of the theory which is there submitted to the public judgment.

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ment. The inferences which, I think, are fairly deducible from the whole are the following: That the reputation of the cooling practice is yet unimpugned by the accession of the formidable symptoms of the one, or the calamitous issue of the other two cases; that in all the three instances, the harm which ensued is imputable to the *injudicious* use of that remedy; that the cooling treatment should not be hazarded, till the internal viscera have discovered indubitable signs of performing with accustomed energy their proper functions; that this will *rarely* happen till the local inflammation has existed for some hours, or two or three days, or, in some cases, even a longer period; that it will happen sooner in some patients than in others, owing perhaps to some inexplicable peculiarity of temperament, or to the means which might be employed to produce that desirable effect; that when it *does* happen, no *greater degree* of cold should be employed, nor applied over a *larger surface*, nor continued for a *longer duration*, than is sufficient to subdue the local inflammation; that with these necessary precautions, no *casualty*, or *accidental occurrence*, or *morbid coincidence*, (unphilosophical terms, declarative of our ignorance) need in general to be apprehended; that if, notwithstanding every conceivable precaution, as the *stomach* in particular seems to retain a strong predisposition to torpor, owing perhaps to the want of *habit* in the new motions of health and energy, symptoms of constitutional disturbance should discover themselves,—the refrigerant application must be immediately removed, and the torpor relieved by suitable stimulants; but that, in such a case, *after sufficient delay*, the local inflammation, if it should return, is to be encountered with a repetition of the cooling process; and a happy termination be confidently anticipated.

If these conclusions are legitimately deduced, allow me to express an anxious hope that the time is not very remote, when the practice of cold affusion in Gout will be universally adopted by *discriminating* practitioners; and that unfounded prejudices will vanish before the accumulated evidence of the advantages arising from its *judicious* administration.

I am, &c.

JAMES MANTAL.

Bromley High Elms, March 28, 1805.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON the 26th of August, 1804, about eight o'clock in the evening, whilst the Honourable East India Company's ship Northampton, was lying at anchor in the harbour of Coringa, on the Coromandel coast, a lad about twelve years of age, with a large wound in the head, (caused by a marlin spike * falling out of the fore-top upon his head) was brought on board for assistance by the chief-mate of a country ship, they having no surgeon on board.

On clearing away the blood and shaving his head, I perceived a large wound on the right side and towards the vertex near the posterior and superior angle of the parietal bone, part of which was laid bare; it extended forward about four inches in length, parallel with the sagittal suture. As the *mental faculties* of the boy were *not at all impaired*, I did not at first conceive that any fracture had taken place, more particularly as the bone appeared perfectly smooth and without fissure when laid bare; but on lifting up the scalp and examining further, I found I was mistaken in my conjecture. I immediately dilated the wound, and discovered that the parietal bone was *fractured and depressed*, at least three inches in length, and three-quarters of an inch in breadth near the posterior and superior angle, and passing forwards nearly in the direction of the wound. I immediately applied the trephine, and raised the depressed part; no effusion had taken place; the scalp was laid down, dressed with mild digestive, and the dressings secured by a bandage and a cotton night cap.

The patient (I was informed by the officer who brought him) appeared rather convulsed as he came in the boat; but when brought on board the ship he had no symptoms of them; on the contrary, he was perfectly sensible, and answered any questions that were put to him, and continued so during the whole time of the operation. During the first night after the operation he appeared rather delirious for a short time once or twice, and had some slight febrile symptoms, and the four or five succeeding nights had a slight return of fever without delirium; after which he had no complaint except a slight head-ach now and then until the completion of the cure, Oct. 15.

When

* An iron instrument about seven or eight pounds weight.

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When we read the various and contradictory symptoms enumerated by authors, of compression of the brain from external violence, and of concussion, the younger practitioner is in some measure at a loss on whom to depend for a guide, when a case comes under his own immediate care. The symptoms of concussion and compression are by most authors said to be totally distinct, while others assert there is no difference; to me the almost *only* difference appears to be, the *time* at which the alarming symptoms follow the accident.

Now in the preceding case, not one of the symptoms generally enumerated, viz. stupor, loss of sense and voluntary motion, dilated pupil, &c. were present, although the depressed part of the bone was pressing firmly on the dura mater; and had there been no external wound, it might have been difficult to have ascertained the existence of a fracture; in which case the patient would have been freely bled, had purgative medicines given him, and he would have been supposed to be doing well, until, in a short time, all the alarming symptoms would have shown themselves; violent inflammation would in all probability have taken place in the membranes of the brain, which might have terminated fatally, more particularly when the nature of the climate is considered, where, from the excessive heat, determination to the head is easily induced; and when once this action takes place, is not so easily removed as in our own climate.

Perhaps it may be deemed unwarrantable by some to have applied the trephine so soon, without the existence of any alarming symptoms; but I would ask, if it was not to be presumed they would shortly have taken place, if the piece of bone causing the compression had not been elevated? It is well known the existence of a fissure is not of itself a sufficient reason for trepanning, unless attended with alarming symptoms indicating extravasation or effusion; but when, as in this case, added to the fracture, a considerable portion of the skull is depressed, very few I imagine, would hesitate as to the means to be pursued for the relief of the patient. Yet I do not mean to say, I would apply the trephine in all cases of fracture to prevent inflammation taking place; that were I think unwarrantable, although advised by Mr. Pott; but I would ask how the removal of a piece of skull (unless pressing on the brain) can prevent inflammation? it would rather accelerate than retard that action.

I have related the preceding case merely to prove that we are not always to look for particular symptoms in these cases,

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cases, and consequently that alarming fractures with compression may take place, and not be characterized by the particular symptoms generally enumerated.

I am, &c.

March 13, 1805. EDWARD PITT.

On Muriat and Tartrit of Antimony: communicated by Mr. STOTT, *Surgeon, of Dumfries.*

[Continued from Vol. xi. pp. 497—505.]

I Shall now give an account of some trials I made, with the view of improving the methods of preparing muriat of antimony, and which the great importance of the subject induced me to make. After reading Mr. Scheele's valuable essay on manganese, and observing that in a mixture of manganese, muriat of soda, diluted sulphuric acid and gold, it was found that gold was taken up in solution, I never doubted of success in distilling muriat of antimony in the same way. More confident of success than I ought to have been, I put into a large retort two pounds of muriat of soda, two pounds of black manganese, one pound two ounces of sulphurated antimony, and poured upon them one pound of sulphuric acid previously diluted in one pound and a half of water. The whole being well agitated, and the vessel set on warm sand, an effervescence commenced, with a strong suffocating smell of oxygenated muriatic acid. The retort was placed for distillation, and a receiver applied, luted with flour paste. From mid day the distillation was continued till nine o'clock in the afternoon, and during most of that time an effervescence went on with the oppressive smell of oxygenated muriatic acid, which penetrated through the lute. About that time the mixture was distilled to dryness, and the retort cracked; and on lifting it out of the furnace, I run considerable risk, as the fumes issued out very copiously, and were intolerable to the lungs. Two pounds of fluid had distilled over into the receiver, of a light yellow or greenish tinge, and smelt strongly of oxygenated muriatic acid. It effervesced strongly with alkalies, fixed and volatile, but which, however, precipitated nothing from it; of course, not a particle of oxydised antimony had been carried up by it.

Next day I set about examining the residue of my experiment,

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periment, and found a hard solid mass, of a grey colour, full of little crystals, and so firm that it required repeated strokes of a hammer to break it. Three ounces of this mass was pounded and put into a mattrass, one pound of water added, and a digesting heat applied. In order to be certain whether any of the antimony were so much oxydized as to constitute muriat of antimony, I put two ounces of muriat of soda into this solution, and one ounce of sulphuric acid diluted, and continued the digestion for several hours. The solution, which was now yellow, was filtered through paper into a jug, and largely diluted with boiling water; but still not a particle of pulvis algerothi was precipitated. Alkali of potash was next added, when a brisk effervescence was excited; but after this ceased, on continuing to add, a white precipitate was thrown down, which seemed to agree with what Mr. Scheele calls phlogisticated manganese, as it turned black when roasted with a red heat on an iron plate. The insoluble matter on the bottom of the mattras was partly antimony, little or nothing changed, and partly a grey powder.

In order, if possible, to obtain muriat of antimony by manganese and muriatic acid, I took one ounce of the mass first above mentioned, one ounce of powdered manganese, and one ounce of muriat of soda, and set them to digest with half an ounce of sulphuric acid. Having digested this mixture during three days, I saw no more appearance of solution than at first, as it had the same black colour; and allowed to settle, the solution was yellowish, and not milky, like muriat of antimony viâ humidâ. I therefore boiled the mixture to dryness, and towards the end, when the last of muriatic acid went off, a little whitish substance covered the inside of the upper part of the vessel, and seemed to be a little phlogisticated manganese carried up by the muriatic acid; it was in very small quantity.

In my next essay I mixed two ounces of sulphurated antimony and four ounces of sulphuric acid, and boiled to dryness, and at last gave a pretty strong heat till yellow sulphur appeared at the mouth of the vessel. The mass was now of a dirty white colour, and somewhat black at top. The vapours were exceedingly offensive. The sulphat of antimony weighed about two ounces and a half. It was quite dry and friable. It was pounded and mixed with two ounces of muriat of soda and put into a retort. Heat was next applied to this mass, which looked blue like quicksilver, and its corrosive muriat rubbed together with the view of distilling muriat of antimony from it. At first a dewy

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a dewy vapour rather whitish rose, and then a milky substance distilled into the receiver, and some of it lay along the under side of the stem of the retort, but afterwards an ochry matter rose and dirtied the white matter, and then a clear liquor dropped into the receiver. What remained on the neck of the retort was soft, but did not liquefy by heat; and when scraped out, and water dropped on it, looked like a paste of chalk and water. The clear fluid in the receiver poured off from the white matter, and boiling water added to it, became milky, or as it were curdled; but diluting largely, the whole fluid and soft matter grew a little reddish like Kermes mineral. Having washed and dried the precipitate and other matter distilled over, it weighed one drachm and two scruples. Again I deflagrated four ounces of sulphurated antimony with six ounces of nitrat of potash in a hot crucible, and when cold pounded it. Now it weighed seven ounces. It was rubbed with four ounces of sulphat of iron and four ounces of muriat of soda into an ochry coloured mass. I put it into a retort and distilled off about three ounces of a clear fluid of a pungent disagreeable smell. An ochry matter had also come over and covered about half of the inside of the receiver, and stuck to it so as not to be washed off with water. The fluid I found to be mere phlegm void of taste, and giving no precipitate with water or alkalies. The retort was found cracked into many pieces, and the residue in it was now partly a fused salt, very hard as if vitrified, and under that there seemed to be fused antimony little changed. With great difficulty I pounded the whole, as it was very hard. It was of a dirty blue colour; I put it into a digester, washed it two or three times with hot water, and then added two ounces of muriat of soda and two ounces of diluted sulphuric acid, and exposed this mixture to digestion. On diluting with hot water, however, a slight milkiness was produced, but scarcely any sensible quantity of pulvis algerothi was precipitated.

The conclusion I deduce from these three experiments, which had analogy in their favour, and might have been supported by strong and plausible arguments before trial, is, that the intelligent chemist ought never to trust to reasoning alone in the business of experimental philosophy. "Hypotheses enim," says Sir Isaac Newton, "in philosophia quæ circa experimenta versatur pro nihilo sunt habendæ.

I am, &c.

ROBERT STOTT, Surgeon.

Dumfries, March 27, 1803.

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To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

AS I little imagined, several years ago, when I was attending the Anatomical and Physiological Lectures of Mr. Cline and Dr. Haighton, that I was laying thereby the foundations of Elocutionary Science, or imbibing principles that might be applied to the education of the human voice; so I can readily conceive that neither you nor your readers may be predisposed to the supposition—that the subject of this communication has any thing to do with the objects to which the Medical and Physical Journal is devoted. But impediments of speech, though originating for the most part in irregular volition, may, in some degree, be regarded as a species of disease; and it cannot be denied—that they are frequently connected (sometimes as causes and sometimes as effects) with other diseased actions of the human system. Cases, indeed, there are of this description, which come within the immediate province of the surgeon. Of this kind some have been referred to me by professional gentlemen,* while in others I have been obliged to appeal to the assistance of the operator, before the object of my instructions could be secured † In cases, especially of defective conformation, there is assuredly much that demands the attention of the medical professor; and I should hope that the time cannot be distant when it will be thought as regular, and as honourable, for him to superintend the application of those artificial organs by which the powers of distinct and articulate utterance may be substituted for the hollow and unintelligible murmurs of a half-formed mouth, as to dictate the form and use of those mechanical implements, by which the less glorious distinctions of erect attitude, and the firm tread of human proportion, are occasionally conferred upon the miserable cripple. Even in cases where the original workmanship of Nature has not been

so

* I acknowledge with respect the honour done me in this particular, by an ingenious physician, whose name will be found in another part of this paper; and to whom I am indebted for an acquaintance with several cases which throw much light on an essential part of my theory.

† Of this description were the cases of two of those young gentlemen, whose public recitations in the Town Hall of Doncaster, have given recent demonstration of the practical utilities of my science.

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so deficient, circumstances have occurred that shew how intimately connected some parts of my present pursuit are with the objects of medical science; and, within these very few weeks, during my temporary residence in the neighbourhood of Doncaster, Mr. Hill, of the Dissenting College, at Rotherham, has found himself essentially relieved from some of the inconveniences of asthma by the system of management of the breath and voice, which I dictated for his improvement in the art of reading: a circumstance, indeed, which I was prepared to expect from similar advantages I had myself derived from the judicious attention paid to me in my early years, by the tutor to whom I am indebted for the first practical rudiments of my art.

These considerations embolden me to trouble you with a formal announcement of my intention to establish, in the neighbourhood of London, a College for the Cure of all Impediments of Speech, not connected with deficiency of hearing,* whether originating in mal-conformation, in accidental injuries, in mental agitation, or imitative habit; and, also, to request your insertion of the following sketch of the physiological parts of a Course of Lectures, which it is my intention at the same time to commence in the metropolis.

As the foundations of elocutionary science are equally laid in the physiological necessities that dictate the actions of the organs of speech, and in the laws of musical inflection and proportion, with which those actions most readily conform; I find it necessary to commence my course of instruction with an inquiry into the structure and offices of

* With cases of deafness I do not interfere; my chief dependance being upon the ear of my pupils. But I have seen instances, and collected facts enough to induce me to warn all parents not hastily to consign their children to Colleges of the Deaf and Dumb. *Temporary* deafness, and other circumstances, during the first four or five years of infancy, sometimes produce habits, which a confusion of mind and indolent despair on the part of those who have the superintendance of such children, afterwards confirm when the cause, in reality, has ceased; and if instead of applying proper provocatives to the senses for the purpose of superinducing enunciative action, the poor child is then consigned to those silent receptacles, where inertion is confirmed by the non-presentation of objects to the proper senses, the catastrophe obviously is inevitable. What could have been more injudicious than placing the poor savage of Aveyron in the College of the Deaf and Dumb? Yet, at this very instant, a fine child, physiognomically speaking, of great promise and expectation, in the City of Carlisle, rushes upon my mind, with all the boding apprehension of a similar imolation.

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those organs. These I find it necessary to distribute into two distinct classes; the *vocal organs*, which are employed in the production and variation of tunable sounds, and the *enunciative*, which are employed in superadding to those sounds the characteristic discriminations of literal and verbal expression; a classification, I believe, not hitherto observed, either by elocutionists or physiologists; and which, like other classifications, may be thought to have its difficulties; since some of the organs will, perhaps, be found to act in a double capacity of modifying the *tune*, or at least the *tone* of the voice, and of ministering to literal and verbal conformation. The distinction, nevertheless, is sufficiently obvious for all the purposes of scientific and practical application; and, certainly, in the management of impediments and deficiencies of utterance, is of sufficient importance to challenge a very minute attention. I doubt, exceedingly, whether the failure of Dr. Itard, in his attempt to confer the exercise of the faculty of speech on the Savage of Aveyron, may not, in some degree, be attributed to his overlooking this essential distinction. The organs of voice seem to have been minutely examined; though of the phenomena these should exhibit, there never appears to have been any deficiency: but what attention is recorded to the excitement of the sensibilities and varieties of lingual, labial and uvulary action, upon which the formation of verbal language must depend?

To this classification, therefore, I think it necessary to pay very particular attention; and having assumed, as my simple datum, the generally received doctrine of the origin of all sounds in percussions and vibrations of the air, I proceed to a minute investigation of the anatomy of those organs which, in the human being, give the impulses, and produce the modifications of those percussions that propagate the sounds of voice. In this part of my inquiry, I have a very powerful ally in Mr. John Gough, of Kendal; whose scientific theory, as developed in several successive papers in the Manchester Memoirs, and in his correspondence with myself upon the subject (which I communicated, by his permission, to the Monthly Magazine) falls in so exactly with the views, which, without concert or knowledge of his speculations, I had previously formed, that I instantly incorporated it with my system. Emboldened by the corroboration of his experiments, which have been further confirmed by my own reiterated repetitions, and of which sensible demonstrations are usually

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ally exhibited as I proceed, I endeavour not only to explain the phenomena of the variety of human voices, but to point out the means by which strength, tone, and modulation of voice may be essentially improved.

Here still my subject continues to be closely connected with Physical and Medical Science; a minute comparison of the elocutionary and the vital functions of the lungs; the requisite reception and decomposition of atmospheric air in the cells of that organ; the small portion of such air necessary for the purposes of sonorous impulse; and, above all, appeals to notorious instances of persons of the weakest and most diseased conformation attaining great command and power of voice, enabling me not only to demonstrate the importance of management and judicious tuition in these respects; but, also, the reciprocal action and re-action of vocal and constitutional improvement.

Having considered the structure and offices of the enunciative organs, in the same particular way, and demonstrated the anatomy of the elementary parts of English speech, I proceed to the primary laws of physical necessity, under which the organs act. From one simple and original principle (whose existence and operation, I trust, are sufficiently demonstrated by the series of experiments regularly exhibited) I trace the fundamental and *physical* distinctions of heavy and light syllables; and from the *unavoidable* alternations of these (or of pauses for the actions by which they should be produced) I demonstrate the formation of those simple cadences of common and triple measure, out of which arise all the beauties of rhythmus, and all the facilities of fluent and harmonious utterance. From an injudicious application of undisciplined volition to this physical action, I endeavour to account for all the gradations of harsh, ungraceful and interruptive delivery; and from inconsiderate attempts to violate this primary law, all the customary *impediments of speech.*

The practical management of these (in which consists the glory of my art) is next considered. The line of separation between organic and habitual impediment is endeavoured to be accurately marked; the distinctions of physical and moral idiotism are discussed, as far as relates to their connection with my subject; precise facts are stated (such of them as attention to the feelings of individuals will permit, with all the circumstantiality of name and place) relative to extraordinary developements and calamitous extinctions of organic capabilities; and instances are adduced of children rendered speechless by mis-manage-

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ment in their early education, and of mutes who have been brought to the full exercise of the powers of speech by the application of proper stimuli. Some of the instances thus adduced have fallen under my own observation; for others I am indebted to the communications of Mr. John Gough, Dr. James of Carlisle, and other professional and scientific characters.

The chirurgical operations by which malconformations are to be remedied, constitute another ramification of this essential branch of my subject; and the structure and appli ation of artificial organs, whose efficacy, even in the deplorable cases of fissure of the palate and obliteration of the uvula, I trust, is sufficiently demonstrable.*

The remedy of habitual impediments involves a more complicated view of my general theory. Some of these, indeed, originate in mere anatomical position; and all of them in what may be called the want of a proper understanding between the voluntary and physical powers; but the mode of treatment is so completely implicated with the musical parts of my science, that to enter into it would be to trespass upon those limits which the nature of your publication necessarily dictates to this communication. Upon that part of the subject I shall endeavour to make interest with Mr. Tillock to give insertion to a short article in his Philosophical Magazine; and those who have any curiosity to see a brief sketch of my entire plan, will probably meet with something of that kind in the cotemporary number of the Monthly Magazine; or they may find a more ample account of it, in the introductory Discourse which

* Of the feasibleness of this, the boldest and most difficult of all the practical applications of my science, I never myself had any kind of doubt; and the practicability of such artificial supply of the most formidable deficiency of natural organization, was, accordingly, one of the axioms I ventured to advance, at the first outset of my present lectures (between three and four years ago) when much of my subject lay yet in chaos, and many of its most essential principles were but dimly descried. But the learned and ingenious Dr. Pringle of Alnwick (to whose attentions I have many obligations to acknowledge) endeavoured to convince me, that in this respect, I carried my hypothesis to a visionary extent; and that such deficiencies were perfectly irremediable. I have since learned, that in this opinion he is completely countenanced by the first medical and anatomical characters in the metropolis. I bowed, therefore, to authority, till facts could be appealed to; and omitted, for some time, this part of my animadversions. But my visit to Birmingham presented me with the opportunity desired. Against positive demonstration, authority, however high, cannot be admitted as argument. I resume my statement, therefore, not merely as theory, but as a practical and proven fact.

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which is just ready for publication. In the mean time, your insertion of the above will much oblige,

Preston, Lancashire,
April 8, 1805.

Your's, respectfully,
JOHN THELWALL.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Director of the Royal Jennerian Society has, with some surprize and concern, called on me with the Star of yesterday, in which there is a paper on a subject which the writer considers a national one; a term however, which but very feebly designates its importance, as all the world is concerned in it. Ye will at once conclude that it must be that of which the discussion 'has increased, is increasing, and ought not to be diminished, till the small-pox is exterminated from the face of the earth.' Vacciolation is the theme; and Richard Dunning, Surgeon and Secretary to the Dock Jennerian Institution, (Plymouth) the ingenious and worthy author. Of all the advocates for the New Practice he has all along been, as ye well know, one of the most ardent to

> "Mark what yon father's uplift eyes bespeak,
> "What livelier transports on yon mother's cheek
> "Attest her joy."*

His ardour does not appear to be at all diminished, yet I fear that his notions, now committed to the wide world, may tend to diminish those parental raptures, and to lessen the confidence of the protected and their friends. That he never wished to shake their confidence, and that his own does not at all waver, is however evident, from the following unequivocal declaration. "I subscribe implicitly, at this time, a belief that the few subjects of incomplete vaccination who are liable to a secondary impression of variolous action (and the number of these who are liable, I believe, is very limited indeed) entirely possess all the exemptions and advantages attendant on favourable cases of the inoculated small-pox, exclusively of any risk of

* The motto happily chosen for his pamphlet, reviewed in Vol. xii. of your Journal, p. 264.

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afflicting and fatal consequences which so frequently follow and attach to the latter practice.

In your Review of his valuable pamphlet, ye have spoken of pages of it being principally theoretical, and some parts perfectly hypothetical. It appears to me to contain some very correct observations as well as ingenious conjecture. In the Star, even, he does continue to 'exercise his vein' for theorizing; and amid visionary ideas, he seems also to display considerable ingenuity, though I totally differ with him in the conclusion which he forms. "From much steady observation, from an extended correspondence, and from due reflection on all the circumstances which have arisen in the course of my attentions to this branch of medicine, I am led very confidently to advance an opinion, that entire and permanent resistance to variolous contagion, obtainable by vaccination, in some constitutions, depends in a great measure, *probably wholly depends*, on preserving *a vaccine vesicle unbroken during the process*, at least on taking care that it be not opened before that stage of it, when the areola is formed in all its characters. Indeed I would be understood to say, *where there is but one vesicle*, not before that is even beginning to decline."

From the constant demands for matter, at the Central House, I am daily obliged to break down the pocks at all stages, from their first formation till they have almost acquired their full dimensions. The matter collects again, the pocks bear their characteristic form, and the parents are assured that their children are perfectly protected. But, among the letters which I have from time to time been favoured with from the Discoverer, I can lay my hands upon one which will afford a good extract to this very point.

"I destroyed the pustule completely on the eighth day, before the areola began to form, by the application of a bit of caustic; but on putting my patients to a test; one, at the expiration of a year; the other, at two years, they were found secure. Again, Is not the virus contained in separate cells like the essential oil in the rind of an orange? How then can puncturing the pustule at any period destroy its influence on the constitution. Once more, Do we not see the pustule resume its character after it has been opened on an early day and exhausted, or nearly so."

Your's, respectfully,

Salisbury Square, 16, iv, 1805. JOHN WALKER.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Writer in the last number of the Medical and Chirurgical Review, says, he is glad Mr. Goldson has not been deterred from prosecuting his inquiries. Yet he acknowledges, that the new evidence offered by that gentleman is neither very extensive nor important. We may therefore conclude, that the Reviewer is pleased at seeing another impotent attempt to depreciate vaccination, and augurs a new triumph to the practice.

Mr. Goldson tells us in his preface, that his *veracity* has been called in question. It was natural, therefore, to suppose, that he would have vindicated his veracity; but after a careful perusal of his work, I have not been able to discover any such vindication.

The Reviewer notices Mr. Goldson's allusion to the case in Wilderness Lane,* which, he says, I deem a spurious cow-pock. This is what I have no where asserted. I gave my opinion, that the attempt to vaccinate proved abortive; and coincided in opinion with the officers of the Vaccine Pock Institution, that the child did not go regularly thro' the cow-pock.

It is commonly allowed, that a genuine cow-pock may disappear before the proper time; and, consequently, without affecting the habit. Instances of that sort were published in this Journal by Dr. Harrison; and are analogous to cases which have occurred, of local small-pox after inoculation. This idea did not suit Mr. Goldson's purpose. He has, therefore, been guilty of misrepresentation; as in the case of Mr. Grant's child, which I stated in my answer to his first pamphlet.

Had it been a spurious pustule, he thinks I might have been able to detect it, from my intimacy with Dr. Jenner. He is fond of writing on subjects which he does not understand; it is therefore necessary to inform him, that when this case occurred, I had never received much instruction from Dr. Jenner; who had then resided but little in London, since the promulgation of his discovery.

Mr. Goldson thinks, I must have been very soon admitted to a perfect knowledge of vaccination. I do not wonder

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* See Medical and Physical Journal for February last, p. 175.

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der at his deeming it an easy task to learn the practice, when he thinks, that one who knows so little of it as himself, is capable of writing on the subject.

He adverts to my offer of submitting my vaccine patients to the test; and pretends it was indiscriminate. The offer however was, as will be seen by any one who reads it, that "*if any gentleman, who has infected two, ten, or twenty of his own vaccine patients with variolous matter, will take the trouble of inoculating mine with the same, I will furnish him with at least a thousand, on whom he may exercise his skill.*" This is but a trifle, in a gentleman who has a talent for misrepresentation, like Mr. Goldson

Another article in the Review, is a critique on Dr. Moseley's publication. The Reviewer has not noticed his want of candour, in confounding the cow-pock with the murrain; but he has noticed his reflections on those who sell cow-pock matter; whom he happily describes as *milking, selling the cream,* and converting the *cow* into *a golden calf.*

In a subsequent part of the Review is, what is called a Critical Examination of Mr. Goldson's Second Pamphlet. This is ascribed to Dr. Pearson. If, however, we may judge from intrinsic evidence, it cannot be his production; but, like the publication of the Bramin in Bengal, mentioned by Mr. Shoolbred, a base forgery.

It contains, to use the elegant language of that Review, a "*senseless outcry*" against the opponents of Mr. Goldson; between whom and the author of the critique, there seems to be a considerable degree of sympathy. In short, they appear, on this occasion, to shake hands most cordially; to pay each other a vast number of compliments, and to make one common cause.

When Mr. Goldson's first pamphlet appeared, we were told in the Review, that it was not to be answered by *arguments,* but by *facts.* No argument in favour of vaccination can be drawn but from facts. Yet this "*senseless outcry*" has been resounded from the Tweed to the Delaware; Editors of Journals and Reviews have admitted the fallacy at the suggestion of its author; and been the easy dupes of that imposition.

Much paper is wasted in proving, what I long ago proved, in my Answer to Mr. Goldson, that a local variolous pustule, in those who are put to the test after vaccination, is no proof of the inefficacy of the cow-pock. It is now also shrewdly discovered, that arguments may be adduced from Mr. Goldson's own evidence against his conclusions,

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clusions, without having recourse to hazardous experiments for that purpose.

We were told, indeed, in one publication, that certain gentlemen knew such experiments were perfectly safe; yet a proof of the contrary appeared in the next page. This is a very bad specimen of that "*medical logic*," for which the said curious production is so much puffed off in the Review.

By the Edinburgh Medical and Surgical Journal it appears, that Dr. Pearson is now convinced of the propriety of putting those, whose security against the small-pox is doubtful, to the test of vaccine rather than variolous inoculation; which, as the learned editors justly observe, is on so many accounts objectionable. It must give great pleasure to every friend of humanity to hear, that those formidable enemies of children, armed with their envenomed weapons, at length sound a retreat;

> And he, who erst had made a din most,
> Now cries, the devil take the hindmost.

In a subsequent part of the Critical Examination of Mr. Goldson's Pamphlet, we are told it is important to those who have answered that gentleman, to provoke the credit of a controversy. We are not told, however, what credit can accrue from a controversy with such an author, who, even according to this very Review, taxes his reader with three shillings, and the trouble of toiling through a dull and voluminous pamphlet for the sake of information, which is "neither very extensive, nor important."

The controversy, however, it is well known, was provoked by Mr. Goldson himself; of which the able and satisfactory answers from every quarter bear ample testimony.

We are told, that Dr. Pearson coincides entirely in opinion with Mr. Goldson, in all his remarks in this chapter. He thinks with Mr. Goldson, that to such writers as have answered him, it is "important to enter into a controversy, but that the issue is of no importance to them." This is not the case with some other writers; who, if they have no character to lose, have certainly one to gain.

There is an article immediately subjoined to this Critical Examination, which appears, from its situation and style, to have been manufactured in the same quarter. It is entitled "Instances of supposed Small-pox after Cow-pock." The obvious intention of this article is, not so much to injure the character of vaccination, as that of an individual engaged in the practice. If

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If we may judge from the features of this singular performance, it is the offspring of resentment, and disappointed ambition. It is as complete a tissue of falsehood, as ever came from the press. We are told it is confirmed in every essential point by two witnesses. It requires some time to unravel such a fabrication; I pledge myself, however, to prove, by more than two witnesses, that it is a base compound of malice, ignorance, and falsehood.

I am, &c.

New Street, Hanover Square. JOHN RING.

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

A Reply to Mr. Edlin's two Cases of Gout, said to have terminated in Death in consequence of the external Use of Ice and cold Water. To which is added, an Instance of the fatal Effects of encouraged Gout. With Observations, Cautions, &c. By ROBERT KINGLAKE, M. D. Physician at Taunton. 8vo. pp. 61.

THE particulars of Mr. Baker's illness were contained in our account of Mr. Edlin's Two Cases. In THE REPLY, Dr. Kinglake first remarks, that though the ACCOUNT states two cases in its title, yet it contains only Mr. Baker's, the second being supported on no other authority than the unrecorded recollection of an event which was supposed to have happened thirty years ago, and for which there is no testimony of professional men. Mr. Edlin might as well have written *three cases*, as he brings forward the late Doctor Gregory's, which rests on still worse authority than the former. It is first stated by an anonymous writer; afterwards contradicted by Dr. Duncan, in the last volume of Med. Commentaries; and, lastly, half confirmed by a passage taken from a MS. copy of Dr. Saunders's Lectures, beginning thus. "As far as I can learn, cold was the cause of the late Dr. Gregory's death." Besides the caution used by Dr. Saunders, there is every reason to believe that this lecture was delivered before Dr. Duncan had published the true statement of Dr. Gregory's death.

Dr. Kinglake, in his remarks on the account given of Mr. Baker's death, observes, that it is deficient in making no mention of the previous

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previous state of his health; (some other objections follow, which we shall at present omit) that the absence of fever is inconsistent with the existence of gout; that, by Mr. Edlin's account, Mr. Baker was doubtful whether the disease was gout; and that we are uninformed whether his habit was gouty; that, however, his treatment of himself was not only judicious but efficacious, inasmuch as he found relief: Still Dr. K. inquires, why ice should have been applied, before it was ascertained that water, at the temperature of the spring, was found insufficient? Not that the practice is objected to; on the contrary, we are told, it appears, as was before observed, by the effect, to have been highly proper.

'Mr. Edlin found "that the pain was quite gone, that the patient considered himself in some measure as well, and that the pulse was at 78;" a situation enviably convalescent, and, surely, such as might justify rising from bed. But fainting occurred in the exertion; no unusual accident after a confinement of some days by acute pain, but very unlikely to have happened in this case, in the formidable manner stated, as the patient not long afterwards took breakfast, and soon after that was encouraged, by his own feelings, to combat an incipient inflammation on his knees, with the same remedy.

'A man of liberality far superior to what Mr. Edlin has discovered in the present controversy, and one possessing much less questionable claims to implicit credit than he in my estimation does, could not readily persuade me that a patient who had incurred a serious fainting fit by the use of a new remedy, would so quickly return to the charge, and subject himself to the renewed injury of a noxious agent. This procedure bears a much less resemblance to human nature, than it does to the possible fiction of Mr. Edlin.'

After this follows a transcript of Mr. Edlin's history of the disease, from the time he was sent for at one o'clock in the afternoon, with the following remarks:

"This paragraph contains the recital of symptoms which have every appearance of being most extravagantly exaggerated. The account is only conceivable (in my apprehension at least) by considering it as a renewal of a fainting paroxysm, from what cause does not appear. No complaint is made of pain; palpitation of the heart and icy coldness of the stomach are not characteristic symptoms of a high degree of visceral excitement; they rather indicate a diminution of motive energy, and are not explicable by any rational idea of transferred irritation. But what says the patient in this gloomy narrative? — Not one word. Is he speechless?—Is he either epileptic, or apoplectic? It does not appear so. Did he not, from his medical familiarity with disease, from his own sensations, and his own particular knowledge of his general health, assign any probable cause for the alarming change that had occurred? Did he attribute it to the cooling treatment he had undergone, or did he attempt its vindication from such a charge?

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charge? These important facts are all wrapped in mysterious and suspicious silence. It may be fairly presumed, nothing was said by the patient to the disadvantage of his treatment, or it would have too well suited Mr. Edlin's purpose for him to have withheld the statement of it.

"Dr. Haworth saw the case at too late a stage to form a correct opinion of its cause. Mr. Edlin, no doubt, furnished him with sufficient grounds to persuade him (according to the prevailing notions of gout) that it was an instance of that disease having been repelled from the extremities. But the professional concurrence of Dr. Haworth and Mr. Edlin is no adequate authority for admitting their opinion of the case to be correct. It was founded on the vulgar and erroneous notion of the nature of gout. Neither of them, with all their flippancy of decision, ever saw a case of repelled gout.

"They might, in proportion to their opportunities for observation, have seen many instances of the protracted pain of gout in the joints of the extremities, having propagated by sympathetic influence, fatal irritation to the system; but blinded by groundless prejudices, they could not perceive this scientific truth. It appears to me, through the mists of Mr. Edlin's partial statement, that the disastrous course of this case did not arise from any irremediable grievance of the heart and stomach, but that it was rather induced by the stimulant treatment to which the patient was subjected; for it is observed he was liberally dosed with æther, camphorated julep, and opiated confection, and farther overwhelmed with external heat; however, perspiration at length occurred, and produced by its *cooling* influence some relief.

"The consultation with Dr. Haworth, is stated to have terminated in an approval of Mr. Edlin's mode of treating the patient! Though "the skin was burning hot, the pulse at 96 strokes in a minute, the tongue dry and furred, and the respiration hurried," the stimulant treatment is prosecuted, with an avowed view of driving the repelled gout, back to the extremities; but alas! the *sagacious* endeavour missed its aim, and instead of replacing the remedial disease on the intended parts, it probably demolished the very fabric of life, by kindling, throughout the system, an inflammatory degree of morbid temperature.

"However this violent re-action of the arterial system was excited, it was repugnant to the most obvious laws of organic motion in the animal economy, and to every rule of common sense, to attempt to calm it by adding to its force. By such heating treatment, the visceral parts (to use a fiery but applicable metaphor) must necessarily be burnt to death, before the extremities could be even scorched with the combustive violence.

"The appropriate treatment would have been a well ventilated room, sponging the '*burning skin*' with cold water, at short intervals, and copious dilution with cool aqueous liquids. Brandy, and the whole tribe of igneous stimulants, should have been withheld,

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held, and the patient might possibly have recovered, whilst under the circumstances of his mis-management it is almost inconceivable that the termination could have been different from what happened."

Such is the general outline of this important controversy, to which we have endeavoured to shew our accustomed impartiality. But our duty as public censors will not allow us to pass over some improprieties in the manner in which it has been conducted. Mr. Edlin begins his account, "A physician in one of our western counties has been amusing himself," &c. Afterwards, in his conversation with the deceased, he tells us, "I hinted that it was possible these (Dr. Kinglake's) cases might be fictitious, and that I was sorry to see him (Mr. Baker) misled by so shallow a performance." The reader will allow, with us, that it is no apology for such language, that, in another place, it is said, "In offering these observations to the world, I bear no personal ill will to Dr. Kinglake." The best thing we can say is, that Mr. Edlin could not be perfectly aware of the import of his own words.

We sincerely wish Dr. Kinglake had considered the thing in this point of view; but he has certainly shown, that he has not, at all times, a just command of temper. Whilst, with much propriety, he discants on Mr. Edlin's *hint*, he might have suggested, with more delicacy, that "such a suspicion could only arise in a mind capable of such artifices." Nor was it necessary to introduce Dr. Blegborough, merely to accuse him of interested motives in his opposition to the cold treatment of gout. Mr. Perry too might have been dismissed in much fewer words, and without ridicule: and the observation concerning the physician who was consulted, might have been spared. It would have been more candid, to have attended only to his practice, without regarding his opinion on the statement of Mr. Edlin: and if (which will perhaps admit of a doubt) "palpitation of the heart, and icy coldness of the stomach, are not characteristic symptoms of a high degree of visceral excitement, but rather indicate a diminution of motive energy," it will follow, that stimulating remedies might be proper to restore this energy.

In this remark, we wish only to encourage a proper degree of candour, as the means of divesting each other of passion, the great source of error in all controversies. We wish also that Dr. Kinglake should see, that though we do not think ourselves obliged to give any opinion concerning a practice much older than our own days, yet that, to us, there appears a deficiency in this part of his theory. Sickness, and a sensation of coldness, have occurred, previous to a gouty paroxysm, and have been relieved by it. They have also occurred on the sudden disappearance of the gouty inflammation.

On this, therefore, and on all other occasions, we wish to see less of figurative language in so important a branch of philosophy as medicine; and cannot help regretting, that, in the passage we have selected,

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selected, the author should consider the following as an "applicable metaphor:" "By such treatment the visceral parts must be burnt to death, before the extremities could be even scorched with combustive violence."

In some concluding observations, the author gives a case, in which the hot treatment of gout proved fatal. Though we have no doubt of the truth of every thing here stated; yet we wish, for the sake of the incredulous part of the public, that the name, at least, of the consulting physician had been added. We are aware this cannot always be done, from motives of delicacy to the surviving family of the deceased; but we regret the want of it exceedingly in this case.

Among his cautionary remarks, Dr. Kinglake observes, that 'the history of almost every medical improvement abounds with gross instances of illiberal opposition. The cooling treatment of the small pox, the proposal for alleviating the violence of that disease by inoculation; and, latterly, the further amendment of substituting for it the vaccine disorder, were severally resisted by dreadful denunciations; by the occasional production of disastrous cases; and by unrelenting personal invective against the benevolent advocates of the salutary recommendation.' This is all very just; and, as these practices have survived all this opposition, we doubt not, if Dr. Kinglake's improvement stands on as good ground, that it will maintain it as well as the others.

The Reply concludes with an earnest recommendation to the public, not to be alarmed by the publication of Mr. Baker's case; but to continue the use of cold water in all cases of gout. The practice, as we before remarked, is not new; but though discontinued, is not, on that account, to be supposed useless, or improper. The ancients, who had fewer remedies than we, made much greater use of baths, and with great success. The application of cold water in fevers is a very old remedy; though discontinued for a long series of years, till it was revived, with great success, by the physicians of our own days. In saying this, it is neither our wish to commend or condemn the remedy. Perhaps, like all others, there may be stages of the disease, or peculiarities of constitution, which would discourage even Dr. Kinglake from its use.

We wish much to know, whether any of our correspondents have tried the use of purgatives and bark, as recommended by Dr. Tavares, of Lisbon, in our Journal for August last.* By the doctor's experience on himself, as well as other numerous authorities, it appears not less successful than cold water, and is free from all the dangers which some apprehend from the latter.

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* This Review was written before we received Dr. Lowrie's Communication, contained in our last Number.

Observations

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Observations addressed to the Public in general on the Cow-pox, showing that it originates in Scrofula, commonly called King's Evil, illustrated with Cases to prove that it is no Security against the Small-pox, also pointing out the dreadful Consequences of this new Disease so recently and rashly introduced into the Human Constitution; to which are added, Observations on the Small-pox Inoculation, proving it to be more beneficial to Society than the Vaccine. By R. SQUIRRELL, M. D. formerly Resident Apothecary to the Small-pox and Inoculation Hospital. Octavo, pp. 75. London, 1805.

IN the Introduction the Author expresses an apprehension that whatever he may say against the cow-pox may subject him to the imputation of prejudice, presumption, or conceit, and may be treated by some with ridicule and contempt. The latter, we conceive, the author has much the most reason to apprehend; but it does not become us to prejudge. Let us first trace the progress of his arguments in order.

They begin by stating Dr. Jenner's own account of the origin of the cow-pox, which, Dr. S. says, led him to suspect it was a species of scrofula. It would have been useful to hint how many species of scrofula there are, and how they are to be distinguished, or even to have said what he means by scrofula. This is followed by an analogical table of the opinion of farriers, respecting the grease, and of medical writers concerning scrofula. As the author quotes no authorities of farriers or physicians, it is not difficult to make the two diseases similar.

Next follow some remarks, indirectly addressed to parents; the principal object of which is to deter some from, and frighten others who have already adopted, vaccine inoculation. But before this it is remarked, that for any cause to produce scrofula the constitution must have a predisposition to that disease. Now this single argument oversets all the rest, for as a predisposition must be born with a person, consequently no inoculation can produce it. Various causes may indeed bring such a predisposition into action. Injuries of any kind, the long application of cold, and the presence of any local disease, are sufficient. Hence small-pox has produced it, more commonly what is called the natural small-pox, because in that mode the disease is most violent. Inoculation for the small-pox has however, in some cases, been sufficiently violent to induce scrofula in a predisposed constitution; and considering the immense number of vaccinated patients in so short a time, it is surprising so few, if any, fair cases can be produced in which scrofula has been excited. On the contrary, many well authenticated instances have occurred, in which scrofulous symptoms have disappeared in consequence of the new action excited by cow-pox. These remarks render it unnecessary that we should take notice of the author's proposed method of treatment to eradicate scrofula out of the constitution after it has been introduced by cow-pox.

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Suffice it to say, that, in general, we disapprove his plan, even supposing scrofula to exist from any cause.

After this follow a number of cases, most of which were first related in our Journal, have since been frequently canvassed, and have at length tended to convince our readers, that notwithstanding any trifling inconveniencies which may sometimes have attended this important discovery, they are as nothing, compared to what happen from small-pox inoculation. Cases of supposed small-pox after vaccination are taken indiscriminately from every source, and no notice is added that they have all been animadverted upon so as to satisfy every impartial mind. Lastly, the work concludes with a warm recommendation of small-pox inoculation, and a comparative view of its advantages above vaccination. In this view no notice is taken that cow-pox can only be spread by inoculation, whilst small-pox, being infectious in its effluvia, may, by the preservation of an individual, endanger a whole neighbourhood. At length the author conceiving he has completely silenced the advocates of vaccination, spends a great deal of time and paper in proving the advantages of small-pox under inoculation, when compared with the casual disease. As this has ceased to be a question for near forty years past, we should have been surprized to meet with it now, were it not that the rest of Dr. Squirrell's book surprized us still more.

A Treatise on Lues Bovilla or Cow-pox. By BENJAMIN MOSELEY, M. D. Physician to the Military Hospital at Chelsea, &c. 8vo. pp. 100. London, 1804.

WHEN we peruse the work before us, we are at a loss to know whether the author is in earnest or joke. In these gloomy times, *dulce est desipere;* but still, when we consider the importance of the subject, and the dignity which Dr. Moseley wishes to attach to his profession, we are very much in doubt whether the garrulity of age has any share in this sportive production.

Those who are accustomed to Dr. Moseley's writings must also be aware, that a display of learning makes no inconsiderable feature in most of them. Yet we were still surprized to find the small-pox traced as far back as Hippocrates. Who but Dr. Moseley would have thought that young Silenus, whom the father of the art describes as dying of a fever excited by intemperance and over-exercise, should have fallen a victim to small-pox? We perfectly agree with our facetious author, for we still think him in joke, that Silenus has as good, we cannot say a better claim, to small-pox than any other whose case and symptoms are described in either Galen or Hippocrates. Though the whole description of the disease is different from small-pox, excepting that there was fever and eruption, yet Dr. M. has no difficulty in accommodating all this. He describes as much of the case as suits himself; and when he finds this little is different from the small-pox, he has an admirable knack

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knack of throwing every thing into confusion. "In this case, says he, I have not detailed all the particulars, but I think enough appears to show it is not unreasonable to conclude that Silenus died of the small-pox. Hippocrates says, his πυρ, or burning fever, succeeded excesses committed by his patient, in bodily exertions and drinking; and this may account for the violence of the symptoms."

But Sydenham says, that in proportion as the symptoms are violent, the eruption is early; and here, in spite of hard drinking, the eruption was protracted to the eighth day. Alas! our English Hippocrates had never seen Africa, the American Isles, Constantinople, &c. *He* rarely quotes Greek; and when he ventures on Scripture, we never find him producing the Hebrew text. What should he know of things common in hot climates? Hear Dr. Moseley!

"The eruptions being retarded till the eighth day, or until a little before death (three days are not a little out of eleven) is not uncommon in hot climates, when life can be protracted; in cases where the blood has broken down its boundaries, and runs off by stool and urine, or by uterine discharges; *with all the functions of nature in confusion.*" Now if we are to select cases which resemble each other when *all is in confusion;* that is, when a disease loses its true character, we need never be at a loss to find small-pox, or any disease we wish for.

But it was necessary to find small-pox in Hippocrates; and indeed, in our opinion, it should have been traced as far back as Moses, in order to confirm our author's theory. "The small-pox, says he, is an atmospheric disease. It appears and disappears like other epidemics." "Atmospheric diseases, whether contagious or not, which rage epidemically, are not to be put a stop to, until the inscrutable cause which feeds their rage is exhausted." But we would ask if small-pox, like yellow fever, influenza, and some other epidemic diseases, depends only on the peculiar state of the atmosphere, without the necessity of any specific contagion, how happens it, that many towns have, by prudent precautions, preserved themselves free from variolous invasion for so many years? And how happens it that, since inoculation for small-pox has been introduced, the disease is constantly kept up in London?

To be short, the theory our author labours to maintain is, that cow-pox, like some other morbid poisons, produces what he calls a febrile commotion in the lymphatic system. Let us give his own words:

"Excite a febrile commotion in the lymphatic system, and saturate it with cow-pox virus—and that will, for a time, keep out the small-pox."

"The more the lymphatic system is thus acted on, the greater and longer the security against the small-pox."

If there is any meaning in this, it must be, that, as soon as the fever from cow-pox is over, the constitution will be susceptible of

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small-pox; and if no fever is excited, nor any glandular affection, the constitution will never lose its susceptibility of small-pox. The contrary of all this has been in so many instances proved, that we wish our author would write in a graver mode, and explain his real meaning. At present we cannot be angry with one who entertains us so well; and the extreme good nature with which his pamphlet closes, makes us wish less exceptionable language had been chosen in comparing the Inventor of Vaccination with his immediate followers.

"Unfortunately for Dr. Jenner and his discovery," says our author, "he was not left to prosecute it deliberately in the country, and to investigate it in a quiet, philosophic manner, through a succession of many experimental years. The *manufacture* was still in its *embryo* (an odd state for a manufactory) when the raw materials were brought, unfit for use, to market; and they were snatched from his hands in their crude state by a set of medical jugglers, besotted and stupified with the gigantic novelty, and scattered like firebrands among the Philistines."

In our opinion, Dr. Jenner had completed his experiment sufficiently to make it known to the public; but we sincerely wish, with our author, that all his followers had shown the same honest investigation, the same temper, and the same caution, in their communications, as have distinguished the inventor.

An Examination of that Part of the Evidence relative to Cow-pox, which was delivered to the Committee of the House of Commons by Two of the Surgeons of St. Thomas's Hospital, with some Remarks on inoculated Small-pox. By W. R. Rogers; *illustrated with a coloured engraving.* Octavo, pp. 30. London, 1805.

By an Epistle Dedicatory, we find that Mr. Rogers is of the Herefordshire Militia; that he was formerly a pupil of Mr. Birch, and gathered most of his information from conversing with his teacher. We are ready to make large allowances for this attachment to preceptors, which always argues a grateful mind; but there is a time when men should think for themselves. However, we ought to add further, that this work is more free from personalities than most which have appeared on the subject; and if we make allowance for the frequency with which the author must have heard the question discussed on the side he has adopted, we may consider his production as the offspring of an honest, though, in our opinion, mistaken zeal.

The cases on which Messrs. Cline and Birch differed, were happily such as both agree in as to matter of fact, viz. that persons who have received the small-pox infection, and are inoculated with cow-pox before the eruption appears, are not secured from the first disease. Mr. Birch adds, that under similar circumstances the small-pox inoculation produces all the effects that are expected from it, as perfectly as when the patient has not been previously exposed to small-pox infection. As this is a subject that has often occurred,

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occurred, and not been sufficiently discussed, we shall offer a few remarks before we proceed any further.

It has been long since remarked, that the period between the reception of the small-pox virus by effluvia, and the commencement of the fever is usually a medium of twelve days. That, on the contrary, the period between inoculation of small-pox and the commencement of fever is a medium of eight or nine days. Consequently, if matter is inserted three, four, and in some instances five days after infectious effluvia has been inhaled, the constitution may still have the advantage derived from inoculation, as the operation may supersede the effect of the disease from effluvia. It will at once occur, that it is difficult always to ascertain this fact, because in some cases the casual small-pox is as mild as the inoculated, and in others the inoculated shows all the severity of the casual. However, the facts which the diligence of different inoculators have accumulated are sufficient to establish the law.

In the cow-pox the question is more easily decided, because when eruptions follow, it is easy to ascertain whether they are variolous or vaccine, consequently we are never at a loss to ascertain whether vaccination has superseded a previous exposure to variolous effluvia.

Hitherto the parties seem to agree in one main point, namely, that if a subject has been so far exposed to the effluvia of small-pox as to be infected by it, the consequence of that infection has not been superseded by inoculation from cow-pox. Mr. Birch adds, that inoculation from small-pox, undersimilar circumstances, would have superseded the effects by infection. Mr. Cline does not seem, by the evidence here stated, to have marked that difference with so much decision; and the reason will presently appear.

In all those cases in which inoculation for cow-pox was performed early enough to supersede the effect of effluvia from small-pox, the patient had the latter disease milder. This makes it difficult to say that the inoculation by cow-pox was altogether inefficacious. This uncertainty is the greater, because, in one instance, small-pox appeared only four days after inoculation for cow-pox. Consequently, the child must have received the small-pox effluvia eight days before vaccination, a period at which *small-pox* inoculation would have proved no security. In this case the disease was very severe. It is probably for this reason that Mr. Cline was too cautious to venture on a comparison between the effects of small-pox inoculation and vaccination, under circumstances of previous exposure; and it is much to be regretted that this important question is not yet solved.

Another very striking difference between the examination of these two gentlemen is, that Mr. Birch gives no dates, and deposes that he kept no notes. Those who are at all accustomed to watching the progress of morbid poisons, must be aware how dangerous it is to trust to the memory, even in more minute circumstances; but when this deficiency extends to an ignorance of the days of expo-

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sure, inoculation, and eruption, the whole evidence amounts to nothing, because there is not a single foundation on which reasoning, much less inference, may rest.

After concluding the account of these examinations, our author informs us of 'Mr. Birch having taught his pupils the maxim, that experience was preferable to experiment.' We should have been at a loss to know the difference, had not the conclusion of the paragraph illustrated it. By this we find that it is better to avail ourselves of others' experiments than to perform them ourselves. This observation *is* in a certain degree just, because where we take the experiments of others, our own fidelity cannot be suspected. But under such circumstances we should either report the result as we receive it, or attend closely to the whole process, and make our own minutes with exactness. Neither of these were accomplished by Mr. Birch. He declined making the experiment, and trusted to his memory for the results. His evidence is therefore defective, and his *pupils* must learn better *maxims*, or how to apply them better. However, from these imperfect materials, Mr. Birch undertakes to draw conclusions which the premises, if better ascertained, would not infer. "Now, says Mr. Rogers, as it is agreed on all hands that the inoculation of small-pox, under similar circumstances, would supersede and destroy the infection naturally received, Mr. Birch took his stand on this ground, and has ever since steadily and firmly maintained, that on this account he was satisfied the experiment would not produce the results expected from it."

But fair induction, according to the common forms of logic, would never support Mr. Birch on such ground; for if we admit his facts, it will only follow that there is some difference not sufficiently understood between small-pox and vaccination, so that when a person has been exposed to the effluvia of the former, it may be safer to inoculate with small-pox, as a better ascertained means of superseding the effects of the casual infection. Mr. Cline, with his usual modest caution, leaves the question in doubt, how far the subsequent small-pox is not superseded by vaccination, but gives his opinion that the future disease is mitigated; "yet, adds our author, in the case of Mary Solloway, if I rightly understand him, Mr. C. states *the disease to have been very severe, but that the child recovered.*" No, Mr. Rogers, you do not rightly understand him, for you will find that the eruption appeared in four days after vaccination. In this case therefore the effluvia had been too long received for even *small-pox* inoculation to supercede its effects.

The author next examines the three positions admitted by the committee. The first is, that vaccination never proves fatal. The second, that it excites no new disorders. The third, that it is a perfect security against small-pox, and, in the end, likely to exterminate the disease.

In answer to the first, the author produces four cases. As these are all well known, we shall only express our astonishment that no more can be produced, considering the number of persons vaccinated

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nated, and the great uncertainty of the effect of even a common puncture in some particular constitutions, or under some peculiar circumstances. Two of these cases have appeared before the public, in a variety of forms; the last is quoted from Dr. Squirrel, author of a Treatise on Indigestion, and vender of medicines.

The next position our author attempts to prove is, that cow-pox does, in some instances, excite a new disease different from itself. First, he says, it produces eruptions on the face and in other parts of the body. This is undeniable; but these eruptions are temporary, and are generally the effect of some previous inflammation, or breach of the skin, and much more frequently the new disease supersedes former eruptions, which have been of long standing.

2d. "A hasty abcess, which contains a fluid dissimilar to any other."—We shall be glad of further information on the subject of this hasty abcess, and its contents.

3d. "Glandular enlargements of the skin; at first the size of a pea, then growing knotty and hard, at length suppurating." In confirmation of this, we are referred to two cases; one of Rebecca Latchfield, daughter of a workman of Mr. Banks, in the Strand; the other, a child of a servant of Mr. East, in the Adelphi. We have before now heard of the head-dress of Pontius Pilate's wife's chamber-maid; and a reference to the daughter of a workman of Mr. Banks, Strand, and the child of a servant of Mr. East, Adelphi, reminded us of the venerable relic of a waiting-maid of that illustrious lady. If our author had given us his own authority, we should have been less anxious to satisfy ourselves as to the event of these cases, of which we have no information. As it is, our readers, who are anxious to know, will not require of us to advertise for the children of Mr. Banks's workman, or Mr. East's servant.

In the last place, continues our author, "with grief, (but confidently) I assert, that the great advantage which mankind were to have received from this discovery has not been attained; from its being no security in numerous instances, against the infection of the natural small-pox."

The *numerous* cases adduced by our author, amount to the few which have been repeatedly before the public. We doubt not more have occurred: for, when we consider the immense extent of vaccination, and that the same event has occurred after small-pox, both in the casual way and under inoculation, we cannot expect that cow-pox should be a better security. That there were instances of small-pox occurring a second time in the same subject, most of the different medical collections may prove. Dr. Adams, in his "Morbid Poisons," in which he has shewn so much industry in collecting facts from all quarters, and which was published before vaccination was introduced, not only admits the possibility of small-pox occurring twice in the same subject, but expressly holds, that he conceives a certain space must intervene before the susceptibility to the disease can be restored, (Morb. Poisons, page 55.

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Mr. Rogers concludes with some remarks on the advantages of small-pox inoculation. It is not difficult to prove these when every unfavourable incident that has occurred under vaccination is dwelt upon with so much exactness, and inoculation after two years of age is said to be *almost* unattended with danger. But we are surprised to hear the author speak of *feelings* on this occasion. Where are the feelings that would voluntarily subject an infant, though more than two years old, to the fever certain on small-pox inoculation? Even if anxiety for greater safety should induce this, where are the feelings that would selfishly expose a whole neighbourhood to the danger of so dreadful a disease? Baron Dimsdale, whose name is brought forward on this occasion by our author, it is well known, advised general inoculation as a preventive of the spreading of the disease; and we cannot help thinking that the legislature would now be justified in appointing seasons, when notice should be given of permission for general inoculation for small-pox, as long as any part of the public retains its predilection for that disease.

Dr. Jackson, on the Treatment of Fevers.

(Continued from pp. 275—282.)

"There scarcely occurs an instance, where the febrile irritation obtains, in a perfectly equal degree, in every part of the system, at the same time. In one class the irritation is general,—the principal and leading circumstance,—the local affections are secondary and subordinate. In another class, the local derangement seems to be primary, at least it is principal; it demands and obtains the principal attention in arranging the plan of cure. In acute diseases, where inflammation of internal organs is a prominent or leading feature, bleeding is the first and almost the only remedy. In real inflammation of the lungs, and parts in the cavity of the thorax, (the most frequent and the most serious of local inflammation,) bleeding possesses a decided power of doing good; but, in order to be effectual, it often requires to be carried to an extent, which common opinion, in the present times, regards with horror. It is not possible, by any previous examination, to determine precisely the quantity of blood, which ought to be taken away in inflammation of the lungs and surrounding parts. The measure can only be determined by effect, as it arises under the operation. It is a constant rule never to be forgotten, that as an effect, that is, relief from certain destructive symptoms, is the object of the practice adopted; so that object must be ensured before the means are dismissed. The quantity of two pounds of blood, in real inflammation of the lungs, is not excessive; it is not alwass sufficient; it may even be carried beyond three, without danger to life; nay, the object in many cases is not attained, till actual fainting, or a strong disposition to faint, is induced.

"Where real inflammation exists, bleeding is an indispensable remedy;

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remedy; but the existence of such condition is not always easily ascertained. It is apt to be confounded with pituitous suffocation, denominated peripneumonia notha; or with affections of respiration,—a fluctuating symptom of contagious fever. The distinction may often be known by actual inspection; it is difficult to detail the discriminating marks so precisely in description, as to preclude all ambiguity. — The real inflammation of the lungs, and parts within the cavity of the thorax, is generally attended with great tumult in the circulating system; but the expression of the fever is not always open; it is often, as it were, suffocated and oppressed; the heat is deep, strong and ardent, particularly on the chest; the pulse is usually frequent, but not uniformly so;—it is hurried, irregular, impeded in its movement,—without freedom or expansion; the heart sometimes beats, or throbs irregularly; and the whole organs concerned in circulation evidently labour, even struggle in the performance of their offices; the head-ach is frequently severe and rending, as if the skull were ready to split; sometimes it is heavy and oppressive; the eye is full and painful, the eye-ball distended, — glistening rather than inflamed; the countenance is flushed, clouded,—often grim and expressive of pain,—or dark and bloated; the respiration is hurried,—even to panting; the breath is hot; the lips dry,—with intense thirst; the cough is troublesome, dry, or without expectoration; the pains in the chest and sides are more or less severe;—sometimes sharp and stinging—aggravated by motion; sometimes obscure, dull, with a sense of oppression and difficulty of expanding the chest; the back and limbs ache severely, as if all the moving parts were broken and disjointed; together with these, there are particular sensations of heavy distress,—a sense of fulness, and a suspension of natural secretions. Such form of disease is more common in cold weather than at other times; and its origin is often traced to sudden or long exposure to cold.—When the symptoms described are present, blood must be taken away without loss of time. It is adviseable, that it flow from a large orifice; and that it be allowed to flow till the symptoms are completely removed; till the chest can be filled with ease and freedom; till sweat and relaxation of excretories take place; in short, till the existing movement be completely subverted. The foundation of cure is then laid, and the course of the disease is short.

" Bleeding is thus a powerful means in the cure of acute diseases; capable of a great deal of good, or a great deal of harm, according to the circumstances under which it is applied, and the mode in which it is managed. It arrests perverted movement, or it increases susceptibility to impression; in consequence of which, other remedies become capable of producing those motions, which are analagous to, or which are the identical movements of health. In this view, it is useful in the commencement of fever. If indeed the circumstances, in which it is employed, be the proper ones, and the management of the remedy be well conducted,

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it seldom fails of producing a salutary effect. In the advanced stages of acute disease, it is only useful occasionally; for its effects are only decided, where the movements are not yet rooted, that is, where they do not yet tend, by a regular though diseased process, to an issue, which terminates the course of the derangement. In such case, it is subordinate; in the beginning, in some forms of disease, it may be said to be sovereign.

"In the emetic class of remedies is found another of the powerful aids employed by medical men, in arresting the perverted rhythm of organic movement, and in restoring susceptibility of impression, preparatory to the application of other means. The emetics of the antimonial class act powerfully, and, if properly managed, produce great effect upon animal bodies. They are often employed in the early stages of fever; and in some conditions and stages of fever, their benefits are signal. The lancet commands the cure of a certain form of fever, the action of which is manifested in the grosser circle of circulation; emetics have great power, where the action is directed to organs of secretion,—not where the functions are suspected, but where the process is in some manner changed; more particularly, where the diseased organ is connected with the part upon which the action of the emetic has its first and immediate operation. But though emetics are eminently useful, they are not indiscriminately useful. The conditions which define their use, require to be well and minutely considered:—the present view is only an outline. In the first form of fever, that is, the plethoric, where the action is so particularly manifested in the grosser circle of circulation, and where the advantages of bleeding are so obvious; a form of disease frequent in spring, in dry weather, and among Europeans soon after their arrival in tropical climates, the use of emetics is not beneficial, not proper, perhaps not safe, without previous preparation. On the contrary, where there are congestions in secreting organs, or rather excess of secretions, as of bile and mucus, their benefits are great and evident. They are then commonly employed; and they are employed with manifest advantage, in intermittents, remittents, and autumnal bilious fevers, in diarrhœa and dysentery, in most forms of catarrhal affection, or defluxion on the lungs, in epidemic or erysipelatous sore throat, in eruptive fevers, and generally in specific contagions. In the artificial contagious fever, the cause of which is generated in crouded places, and the action of which has its first effect upon the stomach and bowels, an emetic is the first, as it is the peculiar remedy. It often alone removes the disease in the beginning. Even after the febrile irritation has become general, if the process be not far advanced in progress, so as to be engrafted in the action of the system, an emetic, followed by warm and cold bathing, and that followed by the application of blisters to the forehead, temples, neck, or between the shoulders, frequently cuts it short; at least, perfectly removes the danger, which might be expected to ensue from the continuance of it. But while emetics are useful in congestions

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gestions connected with increased quantity and changed condition in the secretions, they are not useful in congestions in the actually circulating system, that is, in inflammation of parts or organs, no more than they are in general fever connected with plethora and accompanied with suspension of natural secretions.

It would require much detail, to identify all the circumstances and conditions, and to estimate correctly all the advantages or disadvantages which result from the use of emetics; but it may be considered as a general rule, and, it is believed, it is a safe one, that emetics have no place where the action of the disease is chiefly manifested in the circle of the greater circulation, with suspended secretion, the case in which the lancet is so useful. On the contrary, where the action of the disease is manifested in the secretions of secreting organs, in which case bleeding is rarely necessary, the benefits of emetics are remarkable. Besides a previous and correct estimate of the conditions, which prescribe the use of emetics in acute diseases; the manner of exhibiting the remedy, and of managing the patient while under its operation, deserves some consideration, in order to ensure fully the beneficial effect. In diseases of the intermitting, remitting, and bilious forms, the antimonial emetics obtain the preference, as they ought in all cases, where strong and general effect is required. It is necessary, in the exhibition of emetics, that the state of the stomach, if not naturally, be rendered artificially susceptible of the full effect of the operation. In diseases, with an increase of the bilious secretion, or in constitutions which naturally possess the bilious character, the operation of emetics is generally full and effective, and the benefits are in proportion. In accidental conditions of disease, or in constitutional circumstances of subject, where this character is wanting, or where the excess of secretions tend to phlegm, the stomach is acted upon with difficulty, and the effect of the operation is then seldom complete. In such case it is adviseable to give some water, as hot as it can be drank, either alone, or with the addition of an alkaline salt, previous to the exhibition of the emetic. It is farther adviseable, that persons, under the operation of emetics, be placed in bed, well covered with clothes, and that the air of the apartment be rather of a high temperature. It is also serviceable in many cases, as aiding the effectual operation, that the feet be previously bathed in warm water, or that the limbs be fomented with cloths wrung out of hot water; in short, that the general sensibility to impression be increased, as well as that the condition of the stomach itself be consulted, and previously disposed to answer effectually in operation."

[To be continued.]

Account

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Account of Diseases in the Finsbury Dispensary, from March 20, to April 20, 1805.

Rheumatismus	9	Chlorosis	15
Pneumonia	6	Icterus	3
Hæmoptysis	3	Dysenteria	11
Phthisis	12	Morbi Cutanei	13
Menorrhagia	7	Morbi Infantiles	16
Leucorrhœa	7	Asthenia	19
Apoplexia	2	Neuroses	16
Paralysis	8		

The Reporter has lately been called to several cases of what were simple asthenia, but which had been previously regarded, and treated as inflammatory affections of either the thoracic or abdominal viscera.

Pain is generally, but in many instances unjustly, considered as an evidence of inflammation. It more frequently arises from the difficulty with which a debilitated and obstructed organ performs its accustomed and salutary office. Blisters relieve pain; but it is not so much by their evacuating as their stimulating operation. They are cutaneous drains. In cases, however, of extreme or chronic debility, such external applications are calculated to aggravate the degree, and perpetuate the existence of that weakness with which the patient is already afflicted. By acting upon the nervous system, or the sensorial power, blisters cannot be of any permanent or essential service. What produces pain cannot relieve pain, except by diverting the attention from one uneasy feeling to another. But, in such instances, the influence of the imagination is vague, and almost unlimited in its extent. The remedy prescribed has not so much effect as the reputed character of the prescriber. A patient who feels an imperfect faith in his physician, is not likely to experience the due efficacy of his medical direction. And, on the other hand, an entire confidence in the information and talents of a professional adviser, not seldom gives a salutary efficacy to remedies which would, otherwise, have been insufficient, or injurious in their physical operation.

Patients have recently occurred, in the practice of the Reporter, among both the elegant and vulgar classes of society, who were affected with what are called nervous diseases; a class, in nosology, which may be made to comprehend, or to be connected with, nearly all the corporeal as well as mental afflictions to which the human frame

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frame is liable. Nervous diseases are, in general, treated with too little delicacy and respect. No maladies are calculated more to interest the feelings of a humane man, or are more likely to receive alleviation, if not a radical cure, from a skilful and attentive practitioner. But, in such cases, the operation of moral agents ought to be more especially studied and applied.

The feelings of the mind should be watched and examined more than the functions of the body. Medicine, in such instances, is of important advantage; but amusement, or more serious occupation, is of radical and essential consequence.

In several instances, which the writer of this article has recently had an opportunity of observing, opium has not produced the intended and desired state of sleep and composure, but, on the contrary, has given rise to restlessness, and symptoms of morbid irritability and delirium. On which account he had recourse to hyoscyamus* as a substitute; which, while it acts as an opiate, is not followed, in its operation, by those inconvenient and obnoxious consequences which are apt to arise from the administration of laudanum, or of the drug in its solid form.

There is an extreme difficulty, more particularly in nervous diseases, in adjusting the dose, and selecting the particular formula of pharmaceutical prescription, as its efficacy depends so much on the uncertain susceptibility of the patient, which, in some instances, is extended to the highest, and, in others, reduced to the lowest degree of irritability, and capacity of excitation. "On comparing the situation of an hysterical female (says a modern author of ingenuity and eloquence) liable to distressing agitations from the most trifling causes, as the dropping of a hair-pin on the floor, to that of the engineer who stands unmoved amid the thunder of a battery; of the seaman who maintains his footing on the deck or ropes of his vessel, reeling under the shock of the elements; or of the Indian who exhibits the signs, and probably feels the throb of intense delight, while the flames are preying upon his flesh: how astonishing do we find the range in human susceptibility to the effect of the powers by which we are surrounded!"

J. REID.

Grenville-street, Brunswick-square, April 25, 1805.

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* Hyoscyamus was a favourite remedy with Dr. Rutherford, of Edinburgh, for whose character and skill the writer of this article shall always feel the highest degree of reverence and esteem.

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MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

Spontaneous Origin of the Rabies in Dogs, from a Communication of Mr. HANNIBAL W. DOBBYN, *to* Dr. MITCHILL, *of New York, dated Janury 26, 1802.*

As I often reflect with attention on your doctrine of septon and on its effects, it appears to me that I shall be able to prove it to be the remote cause of rabies, hydrophobia, &c. in dogs. The following facts I adduce to support the assertion. In the autumn of the year 1782, a mania broke out amongst a pack of fox hounds which I had in Ireland, consisting of thirty couple; they were kept in a kennel, enclosed by a wall fourteen feet in height. I lost the whole of them by it, as I found that any fresh dogs brought from nurse, when put into it, were seized by the disorder, without being bit by any other animal whatsoever. I threw down the walls on two sides of the square, and had the rooms, boiler, vessels, &c. well washed with soap and water, and afterwards with vinegar; after which the place remained unoccupied for six months. I then brought home twenty-seven couple of whelps from nurse, amongst which I was not a little surprized to see the disorder begin to make its appearance in about a month after their arrival. I endeavoured to find out a cause in vain, for this disorder; it could not arise for want of a free circulation of air, as the walls were thrown down which might obstruct its progress; it could not proceed from the victuals, as I inspected them myself, and took proper care that they should be of the best sort, and that they should be well dressed and boiled. The back door of the stable opening into the kennel, the manure was thrown out into it: I observed that many of the dogs prefered sleeping amongst it, of a cold day or night, on account of the heat produced by its fermentation, to sleeping in the rooms of the kennel. Such of the hounds that did so, I observed were always seized with the distemper, and that it originated with them; and also that dogs, which lay in the litter with the horses in the stable, were seized with it, while those who slept in the haggard, under corn stacks, or amongst the hay, always escaped. From these observations I was certain that this distemper was occasioned by putrefaction, but how I was unable to comprehend. I endeavoured to ascertain the cause by dissection, and opened above a dozen of those which died of the distemper. Besides all the other symptoms common in the mania, I found the fleshy parts of the liver in a state of solution; in proportion to the progress of the disease, the larynx, &c most dreadfully constricted. May not the septic

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septic acid, taken up by those dogs from the dunghill and stable, be the cause of their madness, and, by dissolving the liver, the acrid effects of which operating on the larynx, cause that constriction which produces the hydrophobia? which can be, in my humble opinion, nothing else, but the highest degree possible of irritation of the nervous system, as a looking-glass kept in motion, before the eyes of a dog, produces the same effect on the system as water, into which, in a dark room, he will put his mouth, and endeavour to drink. And that those dogs were infected with the rabies, is confirmed by this proof, that all animals bit by them went mad (two cases excepted) in about fifteen days."

The following translation of a very flattering address in the German language to the Royal Jennerian Society, with Report of the Progress of the Jennerian Inoculation on the Confines of European Turkey, and the Report from India, have been handed to us by Dr. Walker.

The undersigned, late Province Physician at Varasden, in Croatia, in the years 1802 and 1803, (being encouraged by many successful examples, and supported by legal authority) inoculated above 1500 children, in his district, with cow-pock matter, received from Dr. De Carro, in Vienna, some of the children of high but most of low rank, and all with perfect success. Many of these were afterwards re-inoculated with the small-pox, without the smallest ill consequence, and he has had the pleasure of spreading the cow-pox, in the neighbouring countries of Hungary and Steyermark.

Penetrated with gratitude and the most profound respect towards Dr. Jenner, the Discoverer of Vaccine Inoculation, he thinks it his duty, and an honour, to communicate the intelligence thereof to the meritorious Royal Jennerian Society, in his own name, and that of every friend of humanity who has taken an interest in this heavenly benefaction.

MATTHEW GREGORIUS KRASKOVITZ,
Feb. 1, 1805. Practitioner at Vienna.

Report of Patients vaccinated by Mr. J. THORPE, Superintending Surgeon, in the Province of Guzurat and Surat, for the month of May, 1804. At Baroach, 113; Baroda, 200; Cambay, 112; Dholka, 70; Kairah, 20; Surat, 70; in camp, 221; total 806.

Mr. TAUNTON will resume his Summer Course of Lectures on Anatomy, Physiology, and Surgery, on Saturday, May 25, at eight o'clock in the evening, *precisely*, at the Finsbury Dispensary, St. John's Square. Practical Anatomy and Demonstrations in the forenoon as usual. Particulars may be known by applying to Mr. Taunton, No. 10, Pater-Noster Row, Cheapside.

Dr. JOHN REID is preparing for the press [illegible] on the Nature, Progress, and Cure of Consumption, which will be published in the course of the autumn.

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The Editors are sorry to have occasion to announce the decease of their Colleague Dr. Noehden, at Gottingen, a gentleman whose labours have so powerfully contributed to the reputation and great success of the Medical and Physical Journal. Arrangements are making, by means of which they hope to be able, in the next Number, to announce an able successor to their lamented Colleague, in the Department of Foreign Correspondence and Intelligence.

A Meteorological Table, by Dr. HIGGINS, *of Brompton, from Jan. 22, to Feb. 21, 1805.*

Days of the Month.	Thermometer Fahrenheit. 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Centegrade Noon.	Height of the Barometer. Inches. 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Deg. of Evaporation by the Hygrometer	WEATHER.
Jan. 22	32°	34°	32°	1.11	29.33	29.28	29.27	8	Cloudy, snow in the evening.
23	31	33	29	0.55 below	.38	.49	.76	10	Snow.
24	30	31	28	0.55	.93	.96	30.01	13	Cloudy.
25	31	35	29	1.66 below	30.05	30.08	.10	17	Cloudy.
26	28	29	28	1.66	.16	.18	.20	14	Cloudy.
27	28	30	28	1.11	.18	.14	.11	20	Cloudy.
28	28	29	30	1.66	.02	29.90	29.68	14	Cloudy.
29	31	36	32	2.22	29.41	.29	.11	16	Cloudy, snow in the evening.
30	33	35	33	1.66	.10	.10	.19	10	Cloudy, rain in the evening.
31	34	33	31	0.55 below	.42	.57	.81	14	Cloudy.
Feb. 1	29	30	27	1.11	30.01	30.05	30.20	20	Cloudy.
2	23	32	28	0.00	.31	.33	.47	18	Fair in the morn. snow in the evening.
3	29	39	32	3.88	.54	.54	.53	14	Cloudy.
4	35	42	46	5 55	.18	29.96	29.30	16	Cloudy, rain in the evening.
5	44	46	32	7.77	29.03	.00	.51	14	Showery.
6	29	33	28	0.55	30 07	30.21	30.35	30	Fair.
7	34	39	38	3.88	.35	.26	29.93	21	Cloudy, rain in the evening.
8	44	49	48	9.44	29 92	29.96	.96	10	Showery.
9	52	54	48	12.22	30.08	30.14	30.13	16	Cloudy, rain in the night.
10	46	54	44	12.22	.12	.07	.01	21	Cloudy.
11	40	40	34	4.44	.01	.04	.20	13	Cloudy.
12	35	39	33	3.88	.32	.41	.61	30	Fair.
13	35	39	29	3.88	.70	.72	.65	20	Cloudy.
14	30	40	34	4.44	.60	.50	.48	24	Fair.
15	35	38	34	3.33	.49	.50	.55	16	Cloudy.
16	33	40	28	4.44	.55	.56	.45	25	Fair.
17	30	37	30	2.77	.42	.36	.34	28	Fair.
18	32	37	30	2.77	.29	.26	.29	19	Fair.
19	30	38	28	3.33	.36	.38	.47	22	Fair.
20	30	38	36	3.33	.49	.42	.38	18	Cloudy, rain in the evening.
21	42	46	48	7.77	.25	.16	.02	10	Rain.

To CORRESPONDENTS.

Communications are received from Dr. Kinglake, Mr. Forbes, Mr. Howard, Mr. Pearson, Mr. Waiblinger, Mr. Wilkinson, Mr. Dunning, Mr. Highmore, Sir John Sinclair, Bart. Dr. Walker, Mr. Simpson, Mr. Jenkinson, D. L. and Mr. Bethune.

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THE

Medical and Physical Journal.

VOL. XIII.] JUNE 1, 1805. [NO. LXXVI.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

SOME OBSERVATIONS ON THE PATHOLOGY AND PREVAILING DISEASES OF HOT CLIMATES. By A. PEARSON, *Member of the London College of Surgeons, and Surgeon in the Service of the East India Company.*

(Continued from vol. xi. pp. 200—267.)

IT may not appear to come within the description of the diseases of hot climates, to consider scurvy; but what will be offered upon that subject, relates to a modification of the disease, which as far as I can learn is peculiar to such climates, or affects those who have resided in them previously.

The attention of the writer was drawn to this subject by the disease in question having occurred in an East India ship in which he was employed as surgeon; he knows that it has appeared in many others during the late war; and as, both in its appearance and progress, it differs from the disease as usually seen, he expected before this time to have met with an account of it; a detail of the leading symptoms will point out in what respects it resembled or differed from the disease as generally described. It occurred during a homeward passage from China to England; there were from first to last about one hundred and forty affected with it; eight died of the disease; and on the ship's arrival at St. Helena, there was a necessity for landing eighty; these were recovered by the refreshments there; and by the use of lime-juice, the disease was kept stationary till the ship's arrival in England.

GENERAL SYMPTOMS.

First stage.—Slight febrile affection indicated by the skin and pulse, facies scorbutica, morning lassitude, general pains, breathlessness on motion, and swelling of the extremities.

Second stage.—Increase of the swellings both in the trunk and lower extremities, greater in the former in the morning, and in the latter at night. Dyspnœa ascribed

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to a pain in the breast felt most severely under the sternum, or in the left side. This was occasionally aggravated and most severely felt when the swelling receded, or during the night; on such occasions a sense of tightness across the breast, sometimes of a lump moving its place, excited such a dyspnœa as to render the patient apprehensive of suffocation. Stiffness of the flexors, pain along the muscles, obstinate costiveness, vomiting of cathartics, and voiding of enemata without effect.

Third stage.—The swellings receded from the extremities, at first occasionally, and afterwards permanently, when that in the abdomen became greater, and the difficulty of breathing was increased. Ineffectual tenesmus, much debility, cardialgia, severe retchings, pain of the breast of a more acute kind than before, a sense of heavy griping in the abdomen, which seemed to occasion great agony, with constant restlessness and inability to sleep; these last were considered as immediate forerunners of a fatal event.

Symptoms not general.

The itching, swelling and bleeding of the gums, their putrescence, and the spots and blotches of the skin, which have been reckoned pathognomic of the disease, were totally wanting in the worst cases, and in more than two-thirds of the remainder. In the greater part even of these instances where they occurred, they could only be detected by hard rubbing of the gums, or a close inspection of the skin. In three cases only did the disease advance in the common form, rapidly indeed, but with a comparatively advantageous progress. There were no cases of scorbutic ulcer; and in two persons who had ulcers of the leg at the time of the attack, although they assumed somewhat of the scorbutic appearance, there was no shooting of fungus. Anorexia and a quickened pulse were pretty general, and worms of the lumbrici kind, and symptoms of them, so much as to form a remarkable addition to the other complaints. In three or four places febrile complaints combined with and run into the disease; and in one case a paroxysm of fever attended the attack of the fatal symptoms: in this person the skin had been of an icteritious colour for some time before. Hæmorrhages from the nose occurred in three instances; from the lungs in two; and from the stomach in one. Several had a sense of contraction in the right side of the œsophagus, whether symptomatic of the worms or not I cannot determine. One person felt a singular instability and vacillation of limbs; in-

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in another there was a permanent dilatation of the pupils, with impaired vision. In one a bilious diarrhœa coming on spontaneously, relieved the symptoms much. In another the affection of the breast went off, and an ischuria took place, so complete as to render the use of the catheter necessary, and these affections alternated repeatedly.

The period in which the disease run its course differed much in various individuals. From a week to a month, dating from the time when they ceased to do duty. On dissection of a person who died of the disease, the principal, and indeed only morbid appearances, were a great quantity of serum in the cellular membrane, some also in the cavity of the abdomen; lumbrici ascarides unusually large and numerous in the ilium. The liver was considerably enlarged in its substance, but with very little organic disease; in one or two places a slight appearance of suppuration, resembling in consistence and size the matter of a very small furunculus. Swellings of the scrotum were not unfrequent, but were more common, and increased for a time in size while the patients were recovering, which they did very rapidly after arriving at St. Helena, under a fresh and vegetable diet with a plentiful supply of limes. The weather had suddenly altered from being warm in the S. E. trade wind, to cold, when doubling the Cape of Good Hope.

It will be at once seen that the symptoms differ materially from those which are generally detailed, not corresponding to the definition of Dr. Cullen,* or to the corrected and more generally applicable one of Dr. Trotter,† but it is impossible to question the identity of the disease. It may be of use to those in situations exposed to it to be aware of the possibility of its approach in such a form, and also that it is a more formidable species of the disease, than that which is generally met with. That which approaches nearest to it is the account of a scurvy making its appearance in the American ship of war in the East Indies, given at p. 278 of the third edition of Dr. Lind's Treatise. From having had but a small supply of lime-juice at first,

* In regione frigida post victum putrescentem salitum, ex animalibus confectum, deficiente simul materia vegetabili recente; asthenia stomacace; in cute maculæ diversicolores, pletumque livescentes præsertim ad pilorum radices.

† Asthenia, stomacace, in cute maculæ diversicolores, plerumque livescentes; deficiente simul vegetabili materie recente, eundemque vehemente ingerendi desiderio.

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from the length of the preceding voyage, and from having left China at a season when it was not procurable, we were without a sufficiency of that essential remedy. The best substitute we could think of was tamarinds, of which forty pounds had been provided, and the infusion by itself, or in combination with decoction of sassafras, or wine and sugar, given with benefit and effect. Purgatives and the body kept lax by tart. solub. p. rhæi p. inf. sennæ, were necessary. Sudorifics sometimes afforded a temporay relief. Nitre or camphire. Aq. ammonia with a few drops of tinct. opii given in warm wine and water till a perspiration broke out, and keeping it up by diluents, were of use in relieving the affection of the breast, whenever it became much aggravated. Blisters and squill medicines also seemed useful. Vermifuge medicines, where indicated, P. stanni; sem. santon. & calomel. Fomentations, ol. palmæ, and s. v. camphorat. for the stiffened flexors. The disease was kept under during the passage from St. Helena to England by lime-juice only, given from ℥ij to ℥vj. daily; no doubt the concrete acid might be an useful substitute, but the nearer the acid is to the state in which it is while in the fruit, I apprehend it will prove the more effectual. A supply of fresh provision from the commander's table was one of our most efficacious resources.*

From

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* In order to convey an idea of the state of constitution of those affected with this disease, the following statement is offered, premising that a merchant ship's company obtained in war time must necessarily have been subjected to many depressing influences.

The ship in question sailed from Spithead, April 6, 1795. Ship's company 175 men, inclusive number on board 210. Were eight or nine weeks on the passage to St. Helena; remained there till July, receiving supplies of fresh provisions and vegetables, but not regularly.

Left St. Helena with four hundred troops embarked; a healthy passage of four weeks to the Cape of Good Hope, where, from its being then in a state of siege, no refreshments were procurable.

Proceeded to Madras with only the ship's company on board; arrived in the end of September.

Remained at Madras a fortnight, receiving the customary refreshments there, which are plentiful, but not of the best description.

Left Madras in the middle of October, attached to the expedition under Admiral Rainier for the reduction of the Dutch settlements, having on board upwards of three hundred native troops.

From this time to the end of December, passed a fortnight at Penang Malacca, when the ship sailed from the last mentioned harbour, and was nearly three months at sea, by an eastern passage to her ultimate destination in China, having only the ship's company and a few invalids on board.

From the beginning of April to the middle of May which is an unhealthy season of the year, the ship was anchored at Second Bar in the river of Canton,

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From the statement contained in the note may be inferred what causes predisposed and were favorable to the attack of the disease. I am not without suspicion, that the mercurial treatment of these complaints, which prevailed previously to the ship's departure from China, may have deserved to be enumerated with them. That there is reason to apprehend such an effect from it, will not be an objection to the having recourse to it in cases of urgency, while it may be allowed in connexion with other practical considerations, to limit its administration in those which are not so, or to afford a caution with regard to the indiscriminate use of calomel as a cathartic, when other remedies of that class will equally well answer the purpose.

It seems unnecessary to proceed farther in detailing the treatment, as the curative means pointed out by Lind and Trotter are equally applicable to this as to the forms of the disease which they describe; and it would be well for our profession, if we could always have the aid of as faithful observers, and judicious guides of practice.

There would be still less chance of offering any thing satisfactory as to the proximate cause or ratio symptomatum. The operation of the remote causes may be supposed to induce such a state of the vital powers and actions as may be accompanied by a debility and relaxation of fibre; by an altered state of the circulating fluid, and an imperfect oxygenation of it; or a defective action of the lymphatic and venous absorbents; but no one of these can be considered but as effects of the general state, and not as a proximate cause to account for the symptoms, or why so great and general a failure of the functions so quickly takes place, from a state of general health, and without pyrexia.

I would likewise refer to these authors, and to a consideration of the remote causes, for what are likely to be the best means of prevention. Dry air by means of stoves, warm clothing, abundance of water, bread instead of rice, and yams or potatoes, served to the ship's company with their salt provisions; fresh provisions, vegetables and fruits where attainable. These resources are as well known as their beneficial effects are limitted; and that the havock

Canton, a very insalubrious situation, during which time fever and dysentery were universal among the ship's company.

With their constitution s injured by these causes and preceding debauchery, their provisions also the worse for having been long kept, there was another eastern passage to be undertaken; and in the course of it, upwards of five months to St. Helena, the disease in question broke out.

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formerly made by the scurvy among our fleets is now diminished, proceeds not so much from our knowing better how to treat the disease, as that an improved state of discipline and attention to the health of the men have rendered its occurrence more rare than in former times.

The conviction of this fact, and other considerations, lead to the expression of a wish that the seamen in the merchant service might become objects of the care and attention of the legislature, or of such members of the community as can best obtain its interference in their behalf. There is actually no consistent code of laws, or set of regulations to secure their well being and proper treatment as men, and at the same time to act as a due restraint upon the evil propensities and injurious habits which are too prevalent among them, owing perhaps to the want of some such protecting influence.

In the preceding series of observations, I have adverted to the diseases which are most generally met with in hot climates. Tetanus, supposed to be frequent, has not often come under my observation. In one case, where it succeeded an operation, the patient died; in two others they recovered from the immediate effects of the disease. I am at a loss to what to ascribe any beneficial effect in these cases, as every means whose operation did not interfere with each other were made trial of. Purging with calomel in the beginning; plasters of opium and camphor to the seat of the pain in the sternum; friction with liniments of the stimulant kind on the jaws and neck; above all, frequent use of the warm bath from 92° to 96° of Fahrenheit, for fifteen or twenty minutes at a time, and friction on the affected muscles with mercurial ointment till ptyalism is brought on. Musk, castor and opium internally, especially before the coming on of the convulsive or spastic affections of the muscles.

The dry belly-ache is said to be a frequent disease in hot climates, so much so at particular times, as to appear to be epidemic; and certainly, where I have met with it, several have been affected at the same time, but that probably arose from an identity in circumstances of situation and habits. When a train of symptoms resembling it occurs, it will be useful to ascertain whether it is the colica stercorea or that arising from lead; and the first indication to be attended to, is to evacuate the great intestines by terebinthinate, purging or emollient glysters; their use and operation are indispensable, and will be much aided by the warm bath, while, at the same time, the other means pointed out by authors may be practised.

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It has become a question I believe whether coup de soleil ought to be treated by evacuation, or as a disease of debility. I have not data from which to decide, nor to form an opinion for myself better than a probable one. In the few instances which have occurred, the symptoms of congestion in the head and increased action were so obvious, as to seem to the most inexperienced observer to require depletion and the antiphlogistic treatment. At the same time I am convinced, that men from fatigue and exposure to the rays of the sun in a hot climate, often fall down, as it is said, from the effects of a coup de soleil, when it is in fact a syncope. It cannot be difficult to discriminate betwixt these two cases, nor to determine upon which is the injurious, and which the proper mode of treatment.

Mr. F. aged about nineteen, had been intoxicated the preceding evening, and slept exposed to the rays of the morning sun with his head uncovered. Thermometer at 82°. He was with difficulty awakened, when he was attacked with strong delirium and occasional convulsions. Skin very hot; face flushed; pulse full and quick; eyes blood-shot. Blood was taken to nearly fourteen ounces, which, as it flowed from the vein, communicated nearly a scalding sensation to the fingers; the head, face, and neck were bathed with a solution of muriat of ammonia in vinegar; he was ordered inf. sennæ and tamarind, afterwards a purge with calomel; antiphlogistic treatment, and infusion of tamarinds for drink. During two or three days succeeding the attack he had occasional relapses of the delirium and convulsions, afterwards he was free from complaint, but much weakened. Such a train of symptoms as the above I would expect to meet with in a person who had suffered a coup de soleil; and there can be little question, that if the patient had remained a short while longer unnoticed, that he would have awoke no more.

As an addition to the collection of facts towards a history of the late epidemical catarrh, which have been collected by Dr. Beddoes, and published in the Medical and Physical Journal, I beg leave to offer the following sketch of the disease, as it appeared in China; whence there is every reason for supposing the influenza to have originated, and where, from being peculiarly situated, I had during the month of September, 1800, a great many cases under treatment.

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1800. At WHAMPSA, in CHINA.

About the 25th of September, several of the people were attacked with a catarrhal fever, which quickly spread thro' the ship's company. As it was so general, and at the same time so uniform in its symptoms, instead of detailing every particular case, I will attempt a description of it, as it appeared, and was suffered.

Having so many to attend to while I was myself pretty severely affected, left but little leisure to arrange or commit to paper observations in any other form; a diary was kept of the names and prescriptions. I shall first mention the most general appearances of them, and then advert to any particulars which a difference of constitution or other circumstances might have produced.

Three days were the limits of its continuance in the febrile form, but the pectoral symptoms were of longer duration.

Its attack was sudden, with an uncommon degree of lassitude and sense of weakness, with transient chills. These were followed by a coryza, severe cough, pain of the breast, dyspnœa, sense of stuffing, and scanty expectoration. The throat was affected in about two-thirds of those attacked. There was head-ach, principally of the temples, with pain of the eye-balls, nausea, anorexia, and thirst at all times; the tongue was covered with a white crust, and the mouth felt clammy. There was a febrile exacerbation occurring twice in the twenty-four hours, at its height about noon and midnight; the former severest: in some these were preceded by chills. In general, the increased heat, sense of weakness, and frequency of pulse, came on without any such warning. In my own case the fever was always preceded by slight rigors; the pulse was always quick; in the febrile state often upwards of 120, regular but not strong in those of the most robust habits, in others weak and soft: at that time too there was frequently a tendency to a hurry of thought and incoherence, with flushing of the face, and throbbing of the temporal arteries. In more than one case bleeding at the nose occurred, which relieved those symptoms, and the fever abated.

At the beginning of the disease the belly was costive; after it run its course, it was easily moved by laxatives, or a spontaneous diarrhœa came on; in either case the diarrhœas were bilious and acrid, and produced a burning heat about the anus. At the same period too the expectoration became copious, purulent looking, and often tinged with blood, the cough was even more frequent and troublesome; and tho' the appetite returned and the strength

was

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was increasing, these symptoms continued for a week or a fortnight, after the abatement of the febrile symptoms; swelling and stiffness of the inguinal and axillary glands were frequent as the fever abated, and sometimes suppurated; in several there was otalgia, and in a few instances suppuration of the internal ear.

There were only six of the ship's company exempted from the attack of this disease, who had been either recently ill, or taking mercury.

The treatment was nearly as uniform as the symptoms of the disease. An emetic as soon as possible after the attack of the disease, purgatives of calomel and Glauber salts, afterwards frequent gentle laxatives, nitrous mixture with antimonial wine, or a mixture with spermaceti and acetum scilliticum, as the febrile or pectoral symptoms were predominant. Opiates during the febrile stage were uniformly hurtful, increasing the heat, irritation, and tendency to delirium, without procuring sleep; afterwards, when the primæ viæ were cleared, they were used with advantage in the evening doses of the spermaceti mixture.

Blood-letting was practised in only one case, where it seemed to be indicated by the severity of the pulmonary affection; but the increased sense of weakness, and other unfavourable symptoms which followed its use, prevented any farther trial of it. The prostration of strength, the weakness and quickness of pulse, seemed to indicate the use of bark, and it was given in some cases where the remission was most complete and the symptoms of pulmonary congestion least urgent, but with the effect of increasing every symptom of febrile irritation as well as the pain of the breast and difficulty of expectoration. It was not tried again till the state of convalescence rendered its administration adviseable and useful; calomel, so frequently had recourse to in febrile affections, appeared to have little advantage over other laxatives. In my own case, and in several others, after the fever was gone off, where symptoms of visceral obstruction had before existed, or were brought on, I gave one grain of calomel for ten or twelve successive nights, and two ounces of a solution of ant. tart. gr. ij. in aq. ℥jß. three times a day; this seemed to be useful in restoring the secretions of the bowels, and purgatives given afterwards brought off much bile and vitiated mucus; the convalescence was in general favorable. The same disease prevailed among the Lascars of some country ships, where its progress was similar, tho' the symptoms were milder. There had been an epidemical catarrh among the Chinese, which had nearly ceased before

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fore our arrival; and among them, as well as the Portuguese at Macao, had been frequently fatal.

During some time before there had been wet weather, afterwards a few days when it was cool and the thermometer at 72°. When the disease came on, the winds were southerly; the thermometer 83° ad 90°. By the 15th of October the ship was again tolerably healthy.

There appear to me some circumstances in the following dissection, worth relating, though I do not see how it leads to any inferences of practical utility.

Mr. I. M. aged about twenty-two, was found dead in his bed at eight o'clock in the morning; it is probable he expired but a short time before, as the body had not entirely lost its temperature. He had on the preceding evening made some slight complaint of nausea, and pain in the epigastrium, but not in urgency so as to be particularly noticed. He was heard, by a gentleman who slept near him, to moan and be disturbed during the night; as that was frequently, and indeed generally the case, no inquiry was made; the usual means of recovery were had recourse to with no effect. It was judged proper to investigate the cause of the death by opening the body, which was done in the presence of two other surgeons. We were struck at first with the size of the head, and especially of the parietal bones being so disproportionately large. The membranes of the brain adhered more strongly than is usual to the cranium, and a considerable quantity of serum exuded on sawing it through. In all the course of the longitudinal sinus, the membranes were of a denser consistence than is common, hardening more and more till they arrived at the vertex, where, in the course of the sinus, and enclosed between the membranes, there was found a complete ossification of the size of a thumb-nail, a ragged point of which had pierced the internal membrane, and as it lay must have entered into and vellicated the brain. The membrane was in a similar state backwards to the transverse septum; and at the going off of the lateral sinuses, there was an ossification of the same size as the other, no part of which had penetrated the membranes. The brain appeared very large, and the membranes at this place adhered more strongly to it than is usual. In attempting to separate them, the instrument pierced one of the ventricles, and an unusual quantity of clear serum escaped; in that and the other ventricle, not less than ten ounces had been contained; the brain then collapsed. Nothing particular was to be felt in the plexus choroides, nor

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any discernible alteration in the thalami of the optic nerves, neither indeed was there in the substance or consistence of the brain, except that the cineritious part appeared to be in a greater than common proportion.

It must appear surprising, that so much disease should exist without a greater derangement in the functions of the sensorium. Neither the external nor internal senses had appeared to be much impaired. He had been educated for the medical profession liberally, and though his acquirements were not in proportion, they were not remarkably deficient. He was subject to head-achs, and occasional lowness of spirits. On any unwonted excess he seemed at the time and for a few days afterwards to have a tendency to mania. His gesture and gait appeared to be vacillatory and unsteady; he had a correct musical ear, and played on the German flute with uncommon taste and execution. The eyes were lighter coloured than I ever saw them in any other person, and the pupils were always much dilated. From the whole of his skin there proceeded a peculiar and disagreeable fetor.

It is almost unnecessary to state that the thoughts submitted to the public through the medium of the Medical and Physical Journal, in this and three preceding papers, are observations merely, and do by no means aspire to be considered as treatises on the several subjects; that they do not claim to be founded on peculiar extent of experience, on sagacity of observation, depth of research, or ingenuity of reasoning. If they are found to bear upon points and facts of practical utility, and to furnish any clue to the minds of those members of the profession, who may be situated as the author has been to guide them, in their inquiries or practice, he will deem the obtrusion of these thoughts to be justified, and is willing that the degree in which this aim is accomplished should be held to be the test of their merit or demerit.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

AS progressive improvement can only be generally beneficial by public declaration and faithful reduction to practice, if the following observations and practical statement deserve public attention, you will decide accordingly. By

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By the individual and collective endeavours of chirurgeons, improvements have fortunately and progressively augmented the melioration of manual curative intention, and happily diminished the previously unavailing and indeterminate application of instruments. These generally applicable observations being premised, I transmit you my attentions to, and successful treatment of an instance of oscheocele.

It occurred in a lad, seventeen or eighteen, of radically imbecile systematic composition and conformation, but generally enjoying tolerable health, excepting occasional transitory inconvenience from hernia congenita scrotalis, which had frequently appeared from earliest infancy, but was hitherto readily reducible by his efforts, especially when horizontally reclined, &c. The strangulation of the prolapsed contents occurred about the 18th or 19th of June, 1799. Upon the 20th I was desired to visit him, after several fruitless endeavours were employed for its reduction, &c. The afflicting and designating symptoms were principally the following: general distressing uneasiness, pulse varying betwixt 100 and 120, tolerably regular, somewhat sharply impressing the finger; breathing anxious and frequent; visage narrow, contracted and rather squalid; eyes expressive of sorrowful conceptions, depressed in the cavities; he was distressed with continual pervigilium, restlessness, and frequent propensity to change his position; violent abdominal pains with successive frequent hiccup; likewise anorexia, nausea and vomiting; which last generally produced bilious matter, mucous gastric excretion, and the liquids swallowed, and an insatiate desire for drinking, &c. The *prolapsus hernialis* resembled a globular figure, (capable of holding 12 oz. of liquid) tensely elastic, painful, slightly inflamed, and possessed an obscure degree of transparency; suppression of intestinal depletion likewise occurred, but urinary secretion was sufficiently evacuated. An endeavour by manual application was ineffectually attempted for the reduction of the hernial contents. In gradual succession, all the ordinary medicinal and remedial expedients customarily employed in similar disorders were assiduously administered, astringent frigerating epithemata of diversified composition and application, especially solutions of acetis plumbi, ammonia muriata, spiritus vinosus gallicus aqua et acetum, in equal portions, &c.; the tumour was regularly surrounded with pieces of linen moistened in the specified liquid, but apparently without discernible advantage. The buttocks were preserved in an elevated position to favour the ingress of the

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the hernial protrusion, venesection to produce deliquium, the patient being placed in an erected posture during the operation, but without the intended consequence, although a considerable depletion was procured at each repetition. Frequently repeated attempts were fruitlessly employed at intervals, to return the protruded contents. Purgative compositions were exhibited internally without apparent advantage; stimulating injections; likewise one composed of infusion of nicotiana (℥i. to ℥xij. of water) not possessing the apparatus for preparing and injecting the clysma fumosum, was exhibited, but seemingly produced no perceptible advantage, apparently increasing the nausea and the abdominal uneasiness. Immersion in the balneum tepidum was employed, and thereafter unsuccessful endeavours for the reduction. Anodyne preparations were administered to procure composure, relieve pain, and produce general relaxation; which appeared to conduce to temporary alleviation of pain.

Grievously disappointed in all former endeavours, I again repeated the old fashioned, but frequently beneficial method of inverting the patient over the shoulders of an assistant; and when suspended in that situation, the head and shoulders being supported by his father, I made another unavailing experiment for reduction; fortunately at that moment, when expectations and remedial employ, save the operation, were considered inadequate, an imaginary conception suggested the probable advantage that might be obtained from giving the body a sudden elevation and depression; I therefore directed the assistant, (a stout firm man) supporting the extremities, to spring forcibly from the floor, and descend with a bounding exertion, (hic mihi equidem vix sunt verba idonea) while the assistant, supporting the shoulders, &c. retained the patient as much as possible in a proper direction for relaxing the abdominal muscles; during which evolutions I retained manual pressure upon the tumour; when, after repeated gradually and cautiously increased movements of the assistant, we obtained the pleasing satisfaction of observing the hernial extrusion speedily subside, and ultimately disappear. Immediately he experienced material and welcome relief from the most distressing symptoms. The oscheocele had been of five or six days duration; a violent diarrhœa succeeded, and in the course of twenty-four hours had about thirty intestinal discharges, originating from the carthartic medicaments and enemata which were employed. He quickly recovered, and by the applications of a proper elastic bandage, no further descent

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scent occurred during his residence here. He went to the West Indies in the ensuing autumn, and, by information, I understood he continued free from his complaint.

Newtown Stewart, Galway, April 2, 1805. ANDREW SIMPSON, Surgeon.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I DO not know of any branch in surgery, where there is more room for real and useful improvement, than in the article of bandages. Many unpleasant accidents are daily occurring, which might, if not really cured, be much relieved, and made comparatively comfortable to the patients labouring under them, if more attention was paid to this branch of the profession. I own much has been done of late; but I am certain much still remains to be done. I have, for several years back, had an idea of a bandage for that unpleasant accident the *rupture* of the tendo achillis; but not wishing to intrude myself upon the public before I had realized its utility, I have not sent it to you sooner.

In country practice, such as mine is, accidents are not wanting; the particular one in question I have before met with more than once, and used the best methods that I had been taught or read of; but the cure was by no means satisfactory, either to my patients or myself; and I know of several cases, which were under the care of eminent surgeons, where the patients, from the shortening and contraction of the muscle, were under the necessity of wearing a high-heeled shoe, or to walk entirely on the toe.

My idea was to form, if I may be allowed the expression, an artificial muscle and tendon, which, at the same time that it assisted the patient in walking, kept the ruptured ends of the tendon in as close contact as possible, which must facilitate their union, the great contraction of the muscles, which always takes place, being overcome by the action of the springs. I herewith send you a drawing of the bandage as applied, and the same in profile, which I hope to explain by the references below. I shall just give a short account of the case alluded to.

— P. Esq. a gentleman of large fortune and consequence in this neighbourhood, in walking in his park after a shower of rain, the ground being soft and clayey, the sward shot from

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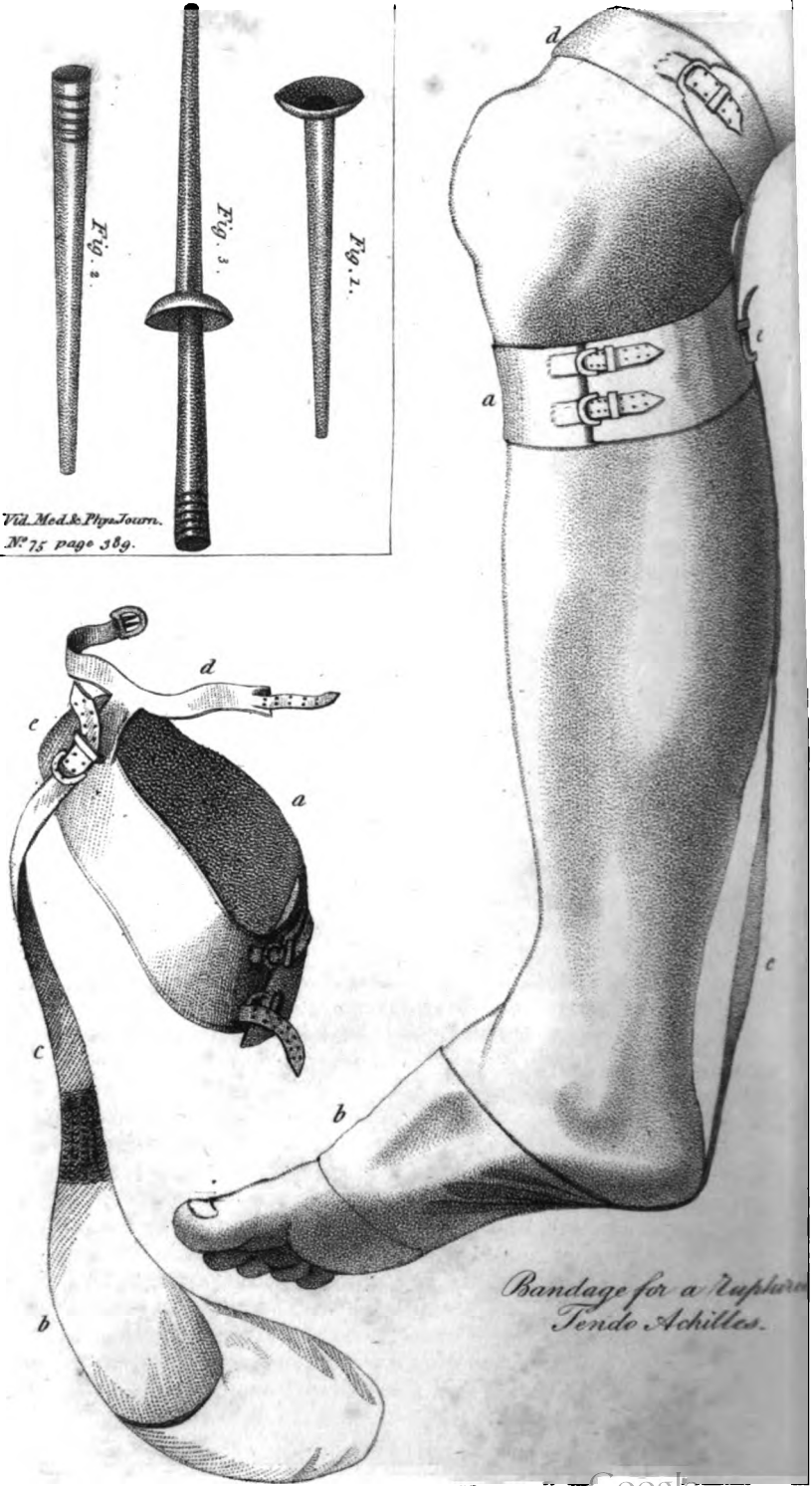
Vid. Med. & Phys. Journ.
N° 75 page 389.



Printed June 1805, for Richard Phillips, 6 New Bridge Street.

from under his feet, and he was thrown down; with the assistance of his servants he was got into the house. On being sent for, I soon found that the tendo achillis was torn through. As considerable spasms in the muscles came on, I ordered an embrocation with lin. saponis, tinct. opii, &c. and rest. As soon as the inflammatory symptoms abated, I sent for Mr. Wm. Morrison, bandage and truss maker, and a most ingenious mechanic, and directed him to make the bandage of which I enclose a drawing. Its success is indubitable. My patient wore it about nine months, and can now use his leg as well as ever. He is sixty-nine years of age. After the first week he could walk with tolerable ease, and subsequently with little difficulty.

By the public papers, I find accidents of the kind have been rather unusually frequent. I own this has been an additional stimulus to me to send the drawing. I had meant it to be in time for the last month, but my engagements prevented it. I hope the explanation of the drawing will be sufficiently clear. If it is not, I shall be very ready to give any farther explanation. I am, &c.

J. WAIBLINGER,
Member of the Royal College
of Surgeons in London.

Pulneck, near Leeds, April 12, 1805.

EXPLANATION OF THE DRAWING.

No. 1. Bandage as applied.

a. A strap 2½ inches broad, to go round the leg, below the knee, fastened with two buckles.

b. A shoe of ticken, which draws tight at the tarsus. N. B. A whole shoe cannot be borne, as the spring strap draws the shoe so much, that it causes great pain in the toes.

c. A strong strap, fastened to the shoe *b.* 14 inches in length, and contains five spiral springs of brass wire, about the thickness of a quill barrel each; when inactive, the springs are about 3½ inches long. This strap is fastened to *a.* by buckle at *e.* and may be made to act at pleasure, by tightening or slackening it.

d. A strap, 1½ inch broad, buckled above the knee, is fastened by a small back strap to *a.* This back strap contains also several small spiral springs. Its chief use is, to take off some of the pressure upon the gastrocnemic muscles, which would else be troublesome.

P.S. I had prepared some observations on Vaccination, but as the benefits of the vaccine infection are so notorious, I forbear troubling you with them, being convinced it must find its due estimation in spite of all opposition. I have within the last four years inoculated about 1200, and have every reason to be satisfied with it.

CASE

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Case of Spina Bifida, *communicated by Mr.* Joseph Howard, *Member of the Royal College of Surgeons.*

THE term spina bifida is generally confined to certain tumours appearing in the course of the spine. In the case in question, the tumour was situated on the lumbar vertebræ, but had not the usual characteristics, not yielding to pressure, but remaining firm. This induced me to make use of a ligature for its extirpation. After the ligature had been applied eight days, the child was seized with convulsions and died.

In order to determine whether there was a deficiency of bone, or a separation of the spinous processes of the vertebræ, I exposed such of the latter as were in the neighbourhood of the tumour. There did not, however, appear the least deficiency or separation; but a small canal or tube was found, proceeding from the vertebræ to the tumour, but not communicating with the former internally. From the length of time which the ligature had been applied, I am inclined to believe that the child's dissolution was not in consequence of the disease, or the operation; for the tumour was nearly separated, and the parts exhibited no unfavourable appearance.

Appearances of the Tumour, prior to the Application of the Ligature.

It appeared to possess much irritability; neither could that transparency be observed, which is generally the case, through the tumour; it appeared very vascular, and the ramifications of blood-vessels, upon the upper portion of it, was very beautiful. It did not appear that the diameter of the tumour increased after birth. It is worthy of remark, that one side of it was of a dark ash colour, and no blood-vessels were discoverable thereon. I have sent you an exact drawing of the tumour.

EXPLANATION OF THE DRAWING.

A to B the breadth of the tumour across the loins, which was 2 inches $\frac{7}{10}$; C to D the length, being 1 inch $\frac{7}{10}$; the height 2 inches $\frac{1}{10}$.

Hull, April 8, 1805.

Observations

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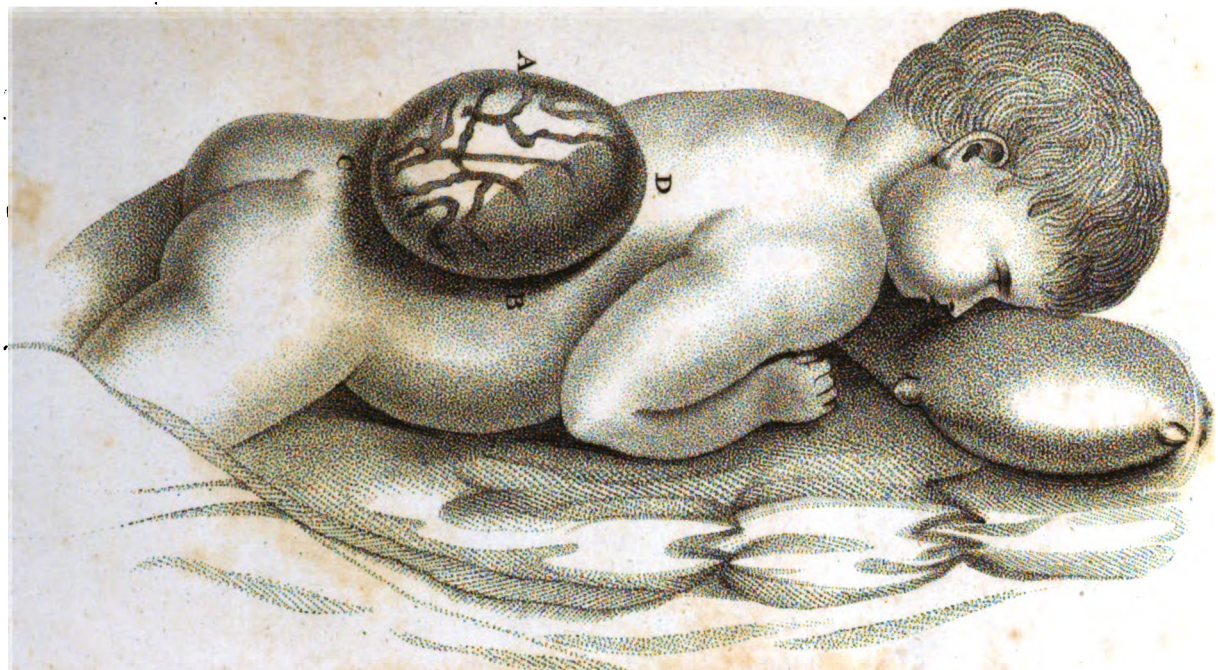

Printed for Richard Phillips, 6. New Bridge Street, May 31-1805.

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Observations on the Use of a Solution of Sal Ammoniac in Vinegar, as an Application in various Chirurgical Cases. By G. WILKINSON, *Licentiate of the Royal College of Surgeons, &c. &c.*

AFTER what has been said long ago by the celebrated Mr. Pott,* Mr. Bromfield,† Justamond,‡ Bell,§ and others, but particularly Mr. Henry Yates Carter,‖ respecting this remedy; it may, perhaps, be deemed not only a superfluous, but an unnecessary task, to say more on this subject; more particularly, as it already appears to be so well known and fully understood.

Admitting, however, the full force of these objections generally, it does not appear, that the inquiry we are about to make respecting this useful application is exhausted; and the more so, as it seems not to have been noticed in any separate treatise with the distinction to which it seems entitled, if we except what has been related of its wonderful effects in lacerated wounds, by Mr. Carter, which, from my own experience I can say, he has not exaggerated.

If it has not been deemed unimportant, or uninteresting to enter into disquisitions on the effects of cold water,¶ warm and cold bathing,** riding on horseback,†† sea voyages,‡‡ use of the dumb bells, swinging,§§ friction,‖‖ electricity,¶¶ and various other apparently simple operations that have been found eminently beneficial to mankind; this attempt of mine to extend the use of this remedy more generally than heretofore, may, perhaps, prove not altogether useless.

Thirty years ago, or thereabouts, (and perhaps too much so, even now) it was generally the practice, in almost

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* See his Chirurgical Works.
† Observations and Cases in Surgery, vol. 2.
‡ On Cancerous and Schirrhus Disorders.
§ System of Surgery and Treatise on Ulcers.
‖ Med. Facts and Observations, vol. 2, p. 14; vol. 6, p. 66.
¶ Vide Dr. Currie's Reports.
** Sir J. Floyer Baynard, Dr. Russel, &c.
†† Dr. Sydenham's Works.
‡‡ Dr. Gilchrist.
§§ Dr. Carmichael Smyth
‖‖ Hippocrates, Boerhaave's Medical Correspondence, &c.
¶¶ Priestly, Cavallo, Birch, Lowndes, &c. &c.

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every accident, whether of simple or compound fractures, dislocations, sprains, bruises, lacerated wounds, and even in common cuts, or incised wounds, to apply warm emollient poultices: nay, scarcely was any operation in private practice, or public hospitals performed, were they ever so important or trifling, but these were (and still are, by many) the first applications used; and it also was the practice in many other cases of surgery, as erysipelas, inflammations of the eyes, kibes, chilblains, tetters, ringworms, and even in some other cuticular eruptions.

Mons. Goulard, about this period, having written his valuable dissertation on lead,* and, besides demonstrating its surprising effects as a sedative, clearly pointed out the bad consequences of emollient applications in general; and moreover, having strongly urged the absolute necessity of applying his remedy, whether in lotion or cataplasm, (except in some particular cases, as contractions of the joints, indolent tumours, &c.) for the most part cold, excited the inquiry of medical practitioners so far as to adopt his plan, which, by experience, they found far preferable to that which had been heretofore practised.

Hence the diluted *aq. litharg. acetat.* became a favourite remedy, and was very generally adopted.†

In many instances, however, when used indiscriminately, it proved of no essential service, while in *very few* others the absorption of the metallic particles of the lead proved hurtful; yet, by its superseding in a great measure the pernicious use of warm poultices, stimulating and emollient fomentations, &c. the treatment of many parts of the chirurgical art was much improved, and more safe and less tedious cures, in very many instances, were effected.

It is, I think, almost needless to observe, that in most accidents where much violence ensues, as fractures, dislocations, sprains, bruises, lacerated wounds, &c. inflammation and vehement pain, if they do not immediately take place, follow sooner or later, according to the degree of injury inflicted; and when this is the case, symptomatic fever, more or less, is the consequence.

To prevent this evil is as much the province of surgery, and

* See his Treatise on Lead, 1770.

† This was greatly owing to the recommendation of Mr. Benj. Bell, whose experience and judicious remarks on its use, strongly pointed out its merits. See his Treatise on Ulcers, &c.

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and perhaps more than medicine: the disease inflicted here is local; hence it follows, that local applications are obviously the primary object; and as we are now become better acquainted with the laws of the animal economy, a more rational treatment has in general been adopted, the use of warm relaxing poultices and fomentations, at least in the first instances of these injuries much lessened; except indeed in some cases, where it still prevails to my certain knowledge, not only in private practice, but even in some public hospitals.

If this injudicious custom continues through the effect of ignorance, it is much to be lamented; but if persisted in through the force of habit, it is with the sole view of pointing out the disadvantages attendant on this treatment, that I have been induced to offer these remarks.

Taking it for granted in a general way, that the use of emollient cataplasms and warm fomentations to recent injuries are pretty generally laid aside, and that the use of the diluted *aq. litharg. acetat.* is found more beneficial, particularly in cases where the parts are not wounded, which in these instances are usually of a less dangerous nature; yet, as there is some risque of mischief from the absorption of the metallic particles of the lead where there is a wound, many practitioners have been on this account induced to lay aside saturnine applications: now, while some prefer vinegar alone, or mixed with water, others have thought it better to add to it the crude sal. ammon. and that this is certainly preferable to the *aq. saturn.* or vinegar alone, or mixed with water, myself, as well as many others, will admit.

This medicine is penetrating, discutient, and less stimulating than the *spt. vin. camph. linim. sapon, &c.* it diminishes inflammation more rapidly, eases pain, and is by far a less expensive remedy: hence it is to be preferred, not only as being more certain, but because it is more simple, and perhaps less liable to do injury. Crude *sal. ammon.* dissolved in vinegar, provided it is not too much saturated with the former, appears to act as a sedative, and is devoid of any strong stimulus, except when applied to parts in a very irritable or inflamed state, or, as I before observed, too strongly saturated with the salt.

I pretend not to enter into any disquisition or inquiry into the chemical properties of this application, or to account for its action on the parts to which it is applied in an experimental way by torturing brute animals; which,

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however useful they may appear to ascertain some doubtful points in physiology, could by no means have produced any thing satisfactory for this purpose: but, as I found a Mons. Paul, mentioned by Goulard in his treatise,* has by experiments made on the coagulating lymph of the blood, found that *solutio sal. ammon.* more readily dissolved it than the *ext. saturn, sal. nitri,* or *aq. calcis,* I repeated them on the coagulum of blood and albumen ovi, and found that this solution acted more powerfully, by rendering both of them more soft and tender than the abovementioned substances; the sal nitri was used in a state of solution in vinegar of the same strength as the sal ammon. and neither the extr. saturni nor aq. calcis was diluted. Now, although I do not say that from experiments instituted on dead matter, we are to draw conclusions analogous to what may take place in the living body; yet it would appear from hence, that the sal ammon. solution has no tendency to coagulate, but rather to dissolve gelatinous fluids, not from these experiments alone, but particularly from its general effects as an application to parts containing extravasated fluids; such as ecchymosis, bruises, sprains, fractures both simple and compound, and in some cases of white swellings in the joints proceeding from violence that are not already in a state of suppuration, or where contractions of the tendons and muscles have not taken place, forming a sort of stiffness, or in a diseased state of the articular cartilages; in these last some other mode of treatment must be adopted, which it is not my business here to relate.

The wonderful and sudden effects of cold water pumped or poured at a distance on *recent* sprains, bruises, and even fractures, by its diminishing tumefaction, easing pain, and suppressing inflammation, must be known and witnessed by some practitioners; and few who have been in the habit of applying it in such cases, cloths dipped in the diluted *aq. litharg. acet.* quite cold, and frequently repeated, must have, though in a lesser degree, experienced similar effects. But then it must be recollected, that although the inflammation and pain will in may instances go off, yet a hardness or stiffness, and sometimes numbness remains, the removal of which requires a different treatment: a warm poultice may, and is sometimes used; but

* See Goulard's Treatise, p. 182 and 197.

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but most assuredly for reasons already and hereafter to be mentioned, is none of the best applications.

The acetated *solutio sal ammon. crud.* will, however, generally answer these purposes (if not better than the affusion of cold water, which last must be applied instantaneously after the reception of the injury) at least preferable to the diluted *aq. litharg. acet.* and if applied at first the better; though even long afterwards, when inflammation is formed, it appears superior to any, or perhaps all other modes of treatment; and if repeatedly and constantly persevered in for a time, the pain, tumefaction, and inflammation not only go off quickly, but the hardness, stiffness, or numbness will be prevented, the extravasated fluid completely absorbed, and, if no destruction or derangement of the organization of parts has ensued from the accident, suppuration will be prevented, and a complete cure effected by the first intention; the truth of all this I have repeatedly and constantly experienced for some years; so that to narrate a series of cases would only be relating what I think requires no great faith to believe, as being already demonstrated.

But, as a striking instance lately came under my observation, in which the stages of the effects of the different applications I have referred to were particularly exemplified, I shall relate it, in the order in which it began and terminated.

A healthy man, thirty years of age, received a blow in the direction of the ulna of the left arm; pain, tumefaction, and some degree of inflammation took place. A medical practitioner advised a warm poultice, which he used for four or five days; the pain being increased and tumefaction enlarged, he was afterwards recommended to consult me, by a man who had suffered most grievously from the effects of warm poultices, recommended to him by the same gentleman. I found an extravasation which occupied two-thirds of the length of the bone, with which it appeared to be in contact, and this extended to the olecranon. I immediately reversed the treatment, by causing him to apply constantly and repeatedly, the diluted *aq. litharg. acetat.* in the form of a poultice made with white bread, and applied quite cold; this was used for several days: the pain very soon abated, the inflammation seemed quite gone, but a stiffness of the parts remained, together with a visible and palpable collection of fluid in contact with the olecranon, near its articulation with the os brachii. Anxious to prevent suppuration, I thought

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of the acetated *solutio sal ammon.* which was used, and the next day he was visibly better; the swelling being diminished, he continued it for a week or ten days, at the end of which time the extravasation was completely absorbed.

The great number of applications usually recommended on these occasions, such as linim. sapon, alias opodeldoc; spt. vin. camph. lin. volatile, Riga balsam,* bals. sulph. terebinth. or what is the same, Haerlem oil, otherwise named cripple oil; British oil,† ol. terebinth. essence of mustard,‡ and various other equally stimulating or relaxing remedies, among which may be included warm poultices and fomentations; are so contradictory in their nature, and widely different in their operation and effects, that it appears very doubtful whether this subject is clearly understood. A careful attention, however, to their obvious action or effects on the parts, or accidents to which they are applied, so far as I have been able to ascertain this by observation, is what I shall attempt to relate; and by leaving it to the reflection of others, whose experience may enable them to judge rightly, we may, I think, be led to discriminate more accurately concerning their respective merits.

The principal design of the surgeon being, in all recent accidents, to moderate pain, retard inflammation, and, if possible, promote absorption; whereby union, by the first intention, is speedily effected, cannot well be accomplished by any of those means which strongly tend to stimulate the parts to increased action; and that this is not liable to be produced by the applications just now mentioned, will appear obvious to those who have carefully attended to their effects.

That

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* This remedy, which is imported from Riga, appears to be common rectified spirits; it is of a light greenish colour, and slightly bitter taste: its great reputation and demand among the common people, has caused it to be imitated in this country, which is effected by tinging rectified spirits with the juice of walnut leaves.

† Balsam of sulphur is composed of the latter ingredient, dissolved by heat in the essential oil of turpentine. The Haerlem oil, which was formerly imported from Holland, and that under the name of British oil, is, in fact, the very same.

‡ A name very artfully applied to what evidently appears to be a composition of essential oil of turpentine, in which camphor is dissolved, and slightly tinged with linseed oil. Essence, or oil of mustard, is totally void of the pungency or stimulus of the seed. It seems, however, an useful remedy in old sprains, chronic rheumatic pains, and slight paralytic affections, &c.

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That this is also the practice of many not versed in the laws of the animal economy, and ignorant of the *modus operandi*, as well as properties of the applications they are using, is a fact that cannot be controverted; as by these means they mechanically, as it were, apply in the first stage of the accident, that which should have been used in the middle, or latter end.

The general manner in which such remedies as the aqua saturn. acetated solution of crude sal ammon. and spt. Mindereri, seems to have been, in surgical cases, recommended by Messrs. Pott, Bromfield, &c. has led me, and no doubt others, to suppose any of them might prove equally successful, and that not only in contusions, sprains, fractures, &c. but other cases that might require the same kind of treatment. This, which I believe may be found true in general practice, has notwithstanding induced me to wish to distinguish the solution of the crude sal ammon. from other applications, for which I shall beg leave not only to point out my reasons, but endeavour, as far as I am able, to ascertain from facts and experience, the different cases and situations in which these applications, as well as others that are recommended, ought, or ought not, to be applied; noticing, at the same time, the degree of strength of the solution, according to the nature of the cases.

Now, as some are averse to saturnine applications, where there is danger from absorption, their use may be omitted in all solutions of continuity; as in fractures, dislocations, contusions, &c. accompanied with laceration, and indeed in wounds or ulcers of any sort. But in all those proceeding from accidents, whether incised or lacerated, and also in accidents where no solution of continuity takes place, the sal ammon. solution applied particularly on the first onset, will prove beyond doubt a most admirable remedy. No one, however, whom I know, has ventured to apply it so generally, and in the form of a dressing, if we except the ingenious Mr. Henry Yates Carter,* surgeon, at Kettly in Shropshire. The proofs he has adduced in its favour by the recital of several desperate and even hopeless cases of contusion, bruises and fractures, accompanied with extensive lacerations, &c. induced me to give it many fair trials in similar cases; and in every instance in which it was applied, the pain, where the wound was considerable,

* Vide Medical Facts and Observations, vol. 2 and 6.

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proved somewhat violent, yet this never continued for more than a few minutes.

So very opposite are the effects of this treatment in the cases we have named to that of warm poultices, fomentations, and even the diluted *aq. litharg. acetat.* that instead of tumefaction and pain arising, which most generally occur in a greater or lesser degree from the consequent inflammation, I found the swelling which had taken place in the time prior to its use, entirely subsided by the next day; and in cases where the integuments had not been much bruised, and their structure or organization not destroyed, they very shortly after were frequently united by the first intention; while in those that had been greatly injured, scarcely less time than three, or at most four days elapsed till a mild suppuration would come on; which, to my great surprise, was usually less time than I had hitherto observed to take place on former occasions under a different treatment.

In a case which occurred to me in a seamen, named Alexander Ross, 33 years of age, the effects of this application were astonishing: his arm, just below the insertion of the deltoid, and across the belly of the *biceps, brachæus internus,* and *triceps* muscles, was squeezed between the ship's side and anchor stock; the bruise was such, that it appeared nipped close to the bone; a considerable tumefaction, with ecchymosis, immediately took place, and some discharge of blood from a small wound on the interior part of the arm, in the *biceps* muscle, afterwards followed. Fearful that the *arteria brachialis circumflexa,* or some other collateral branches, might have been so much injured as to render necessary an operation, I was somewhat alarmed, though I immediately provided for that purpose. But, by plentiful venæsection from the arm on the opposite side, and the constant and repeated application of compresses dipped in the acetated *solutio sal ammon.* I had the superlative pleasure of perceiving the tumour subside gradually, and that rapidly for the first 24 hours. A constant discharge of fluid, tinged with blood, continued to proceed from the wound for the first two or three days; this afterwards became of a lighter colour, at length yellowish and transparent. It continued to ooze in this manner for about fifteen days, when the arm appeared to be nearly reduced to its natural size, but was much smaller on the part nipped. The cure was effected in about four or five weeks, except a very small discharge of pus from the wound, which was nearly closed,

It

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It was no small pleasure to perceive, that no suppuration or any tendency to this termination took place; and this circumstance surprised me the more, as I expected the great injury which the muscles and exterior covering seemed to suffer, would most probably terminate in this process.

I do not say that suppuration would have occurred had warm emollient cataplasms been used; but I must aver, that this treatment would not only have promoted it, but at any rate rendered the cure more tedious.

If I may be permitted to hazard my conjectures on this case, I would say, that the solvent, or, if you please, penetrating and discutient property of this application, assisted the absorbents so effectually, as enabled them very speedily to convey back into the vascular system the coagulable lymph and red particles of the blood extravasated; for very little pure blood was discharged, except on the first reception of the accident. No symptomatic fever took place in any considerable degree; his pulse was somewhat more quick than usual, and such a degree of pain ensued for four or five days, as required an anodyne at bed-time. Throughout the whole process of his cure, no other application was used but the solution, except at last a little sticking plaster to cover the small wound, after it had ceased discharging ought else than a very trifling quantity of purulent matter.

A most distressing accident took place in the month of August, 1800; John Goodwin, a sailor lad, sixteen years of age, had the middle and inner part of his right thigh bruised between the ship's side and sharp edge of the anchor. The external integuments, *vastus internus*, and part of the *Sartorius* muscles were partially divided; the wound was more than four inches in length across, and about one inch and half wide; a considerable hæmorrhage ensued from this wound; immediately below the articulation of the joints of the inner ankle, where it unites with the astragalus and bones of the tarsus, the integuments and muscles were torn downwards, the tendo Achillis was visible, although the bones were not bare, nor their articulating ligaments, or blood vessels supplying the foot divided.

Some sutures were applied to both wounds, so as to retain their integuments as near in contact as could be without being tight; slips of adhesive plaster were also applied with lint, and compresses moistened with sal ammon. solution, and these retained by light bandages; the whole of

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of this covering was kept constantly moist with the solution, and anodynes were given occasionally. At the end of three or four days, when inflammation had come on, which in this case was not *inconsiderable*, though unattended with much *tumefaction*, I clipped off the stitches; the integuments had assumed a gangrenous appearance, yet a very laudable and well concocted pus appeared.

From this period to the 15th or 16th day after the accident, every thing seemed promising; the discharge was favourable, and granulations had taken place in the thigh, which began to heal; the same process had commenced in the wound of the ankle after the integuments had sloughed off; and, notwithstanding all these flattering appearances, strong spasms, with considerable rigidity of the muscles of the neck, face, chest, &c. took place; his jaw at length became locked, and the muscles of the thigh, leg and foot alternately were convulsed. Wine, brandy, and bark, the second a little diluted, were given freely; mercurial ointment was rubbed into his thighs and legs; calomel was also given, and opium freely administered; the dressings were now of digestive, and pledgets ex ol. terebinth, with a view to excite a greater inflammation and discharge, were applied, though this last was not much lessened when the spasms came on; notwithstanding all these means, and a ptyalism had come on, he died on the twenty-seventh day from the accident, and eleventh or twelfth from the attack of the locked jaw.* The wound of the

* From the fatal termination of this case, it may be suspected by some, that the solution applied here having a tendency to counteract the inflammation, accelerated the attack of the spasms; but how far this may be true it is not easy to determine. That tetanus more frequently occurs in lacerated wounds of the hands, feet, fingers, toes, &c. whether from fire arms, or other accidents; and this is perhaps the more likely where tendons, or rather nerves, are pretty much diffused, is very well known, and has always been remarked; and, for aught we know, has occurred under every form of external or even internal treatment. In the cases related by Mr. Carter, (Vide Medical Facts and Observations, vol. 6, p. 66,) nearly the whole of them were of the worst sort, and I think full as bad, if not worse, than this I have related. Nothing of this kind however took place, nor do I think we need be deterred from its use in similar cases. I should have observed, that from the third or fourth day, this patient was never free from symptomatic fever; and as every thing was used that might tend to keep up the vigour and energy of the system, as well as to excite the external parts to action from the very first appearance of the spasms, and his diet was never low or sparing, it will plainly appear, that I did not neglect to put in practice the plan of Dr. Rush, which has been said to have proved ingeneral more particularly successful than others.

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the thigh was nearly healed; that of the ankle had begun to fill up near the astragalus and tarsus, but the part about the tendo Achilles appeared uncovered, and retained some matter in contact with it and the os calcis. As the articulation of the joint was sound, the tendo Achillis entire, and a free circulation between the leg and foot preserved, amputation could not have been justified from reasoning *a priori*; and to have performed it after the commencement of the spasms, would most probably have proved unsuccessful.

To many contused, lacerated, and even incised wounds, in different parts of the body, I have applied this solution, both as a lotion and dressing, on the head, face, limbs, &c. and that with superior success to any other application I had hitherto used. Prior, however, to the perusal of Mr. Carter's paper, I had never applied it where there was a wound, but confined it only to contusions, sprains, simple fractures, &c.; and although I have (except in some very particular cases) disused warm poultices, contenting myself with the diluted *aq. litharg. acetat.* as a lotion, and sometimes in form of a cold poultice, yet in this last form I have, except in some particular cases of inflamed tumefied breasts, proceeding from engorged milk, &c. scarcely used it at all.

Mr. Carter's solution, as a common dressing to lacerated wounds, is two drachms of crude sal ammoniac to half a pint of vinegar; this is an active and, I think, pretty strong application. I have, however, been under the necessity of sometimes diluting it with water; as, in cases where the wounds become tender after suppuration, and where they are bare from the separation of their sloughs, it is usual for me to add to it an eighth or tenth part of camphorated spirits more particularly as a dressing to the wounds, and that not only with a view of warming and invigorating the parts, but correcting the fætor usually attendant on their suppuration. The formula of the prescription runs thus: ℞. Sal ammon. crud. ʒij. aq. pura. ℥ij. acetum. com.* ℥ij. spt. vin. camph. ʒiij. m. ft. lotio pro usu. As in some cases, the lint wet with this composition, on drying, frequently

* Much, however, depends on the purity and strength of the vinegar used; for should it unfortunately happen to be mixed or adulterated with any of the mineral acids, to which it is liable when flat, its effects on wounds will not only be pernicious, but the pain and inflammation excited extremely dangerous.

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quently sticks to the wounds and creates uneasiness, more especially when the discharge lessens, I have in these instances applied pledgets of lint, or tow, spread with cerate, above the dressings.

I shall now proceed to point out what relates to its use where there is no wound, and those cases where it may not be used, or where it may prove hurtful. In sprains, bruises, fractures, dislocations, and other recent injuries, its usefulness is already acknowledged. In these cases, however, it is preferable to the aq. saturn. spt. Mindereri, linim. sapon, and spt. vin. camph. For, although the first will diminish pain and swelling, it yet leaves a hardness; the second is less active, and, as well as the third and fourth, more expensive; and as the two last are not only more stimulating, whereby as primary applications they become improper, but from their active properties seem more likely to excite than diminish the inflammation already present, which the solution is calculated to suppress; hence they would appear more useful after diminution of the inflammatory symptoms; and when these are quite gone and the parts become debilitated, their tone and vigor may be more powerfully excited by the use of the volatile liniment with ol. terebinth, ol. terebinth c. camph. or bals. sulph. terebinth. The solution should be discontinued when the pain, inflammation and swelling are gone off, as its farther use appears no longer necessary.

By this regular mode of treatment, violent sprains, contusions and dislocations, have been very readily cured; which, in the very irregular and unskilful method of practice, by emollient poultices and other inconsistent applications, have continued not only long in hand, but frequently remained incurable.

It does not appear, as far as my experience extends, that this solution has proved useful in scrophulous affections, or white swellings of the knee or other joints, from the same cause, except some particular cases where there is great uneasiness from external violence, or pains in the parts proceeding from acute rheumatic or arthritic affections. In these last, although it has greatly lessened pain by diminishing the temperature of heat in the parts; yet the benefit derived from it here has not been permanent, and the sudden removal of the pain in one instance where a *metastasis* took place from its affecting the stomach, had very nearly proved fatal.

In sciatica or hip gout, and other cases of chronic rheumatism,

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matism, I have not known it produce any good effect, nor can it be expected to be useful or beneficial in œdematous swellings, paralysis, contractions of the tendons, muscles, or anchylosis.

In four cases of strangulated hernia, one of which was a female, I found this solution applied liberally (by wetting compresses of linen and applying it as cold as possible, constantly repeating the same till they became warm or dry) to succeed so effectually as lessened their bulk, whereby a reduction was effected. In two of these cases warm fomentations had been previously used, which, as is usually the case, aggravated the pain, and increased the size of the tumour.

In these last cases the solution was used in the proportion of half an ounce of sal ammon. crude to a pint of vinegar, mixed with an equal quantity of water.

These facts of its effects in such like cases are by no means unknown; as this or similar applications have been recommended by the late Mr. Pott and others. Ice has also been recommended, and used with success.

It has also by some surgeons been highly extolled in certain cases of incipient hydrocele; I think by Mr. Keate, who has, as I have been informed, asserted that it has performed radical cures. That this may be true is possible; but although I have given it trials in about four cases, two of which were only just forming, and pushed its use with vigour, applying it made pretty strong for above five or six weeks, and have also known it used in similar cases by others, yet I never knew it produce a radical cure. It has certainly diminished the volume or size of the tumour to less than half its bulk, but on leaving off, the application it always returned.

In the *cynanche parotidea*, or mumps, a certain epidemical distemper which sometimes affects one or more *testes* with inflammation, pain, and tumefaction, strongly resembling *hernia humoralis*, for which it has been mistaken, I have tried this solution with no small success as an application in several instances, of suddenly producing a repulsion, in the following reduced state, viz. ℞. Sal ammon. crud. ʒß. acet. ʒi. aq. pura ʒvij. spt. vin. camph. ʒi. ft. lotio. This was applied in a tepid state, and repeated frequently, by wetting in it compresses of thin linen rags.

When accidental bruises or sprains have occurred to produce tumefaction in either of the *testes*, I have used this solution in the form just prescribed with considerable advantage,

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advantage, although it has been deemed necessary in some instances to apply leeches. The *aq. saturnini* has also done good here; but on account of the hardness of the parts resulting from its use, this last remedy by me is justly preferred.

There is a certain species of head-ach which I have sometimes met with, not from a carious tooth or teeth, but where considerable external heat of the forehead, throbbing of the temporal arteries, and a painful sensation of the eyes and their coverings, have prevailed. This pain is often very extreme, and not unfrequently affects the system by increasing the frequency of the pulse. I do not mean a spasmodic or nervous affection of the head, or painful sensation of the face, &c. described by the late Dr. Fothergill. I say, in the first mentioned complaints, I have found this solution in the first prescribed form, sometimes diluted with one third part water, and at others, even in Mr. Carter's method, with the addition of some camphorated spirits, give great relief. I mean not that this solution is to be considered as capable of curing head-achs: these are often *idiopathic* diseases; but I consider the great relief that is frequently produced by applications of different kinds when this part is dreadfully pained, and which the patients call aloud for, as useful. To determine precisely the nature and cause of these affections is extremely difficult; and when we even succeed in procuring relief, or curing the disease, it is as often effected by random as by a *real* discernment; the feelings of the patient will always be the best guide; and where stimulating remedies are found to do no good, but harm, those of an opposite quality, such as the solution we have described, and varied in strength according to circumstances, will often prove of considerable benefit.

In some cases of delirium from fever, and in violent head-achs from drunkenness, where I have formerly prescribed vinegar, I have, however, found the solution much more powerful; and in ecchymosis, or lividnes of the eyelids from blows, &c. of all remedies I ever knew tried, this has the soonest taken off the blackness.

Many opportunities have occurred in which I have used with singular success this solution in *hernia humoralis*, but this was in the mild form, as recommended in the mumps. In full habits, strongly marked with symptomatic fever, general venesection *ad deliquiem animi* has always appeared to me the most decisive, prompt, effectual, and even safe remedy; but in those cases where the inflammation was local, I have

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I have contented myself with applying leeches. These means, varied according to circumstances, with the occasional use of any mild laxatives, and opium where violent pain urges, given in clysters; which last method has frequently succeeded in preference to its exhibition in the usual form, not forgetting the horizontal posture, with the lotion already noticed, which I can affirm is superior to emollient poultices or *aq. saturn.* the general internal treatment being left to the discretion of the practitioner. It is necessary to remark, that when the pain goes off, and the swelling continues long and subsides slowly, *i. e.* when the inflammation is quite gone, stimulating it with the application of volatile liniment cum camph. very speedily reduces it to its natural size.

Phymosis and paraphymosis proceed not always from one and the same cause; the first, which in some persons is perfectly natural, is never considered of any consequence, unless the *preputium* or *glans* are in a diseased state, and which scarcely occurs but from venereal infection: the second, which is sometimes from the same cause, is however as frequently produced from the tightness of the *preputium,* when pressed over the *glans* by mere accident. The phymosis happening more frequently to come under our observation, and requiring such applications as tend to diminish inflammation and tumefaction, various have been the remedies proposed and used to effect this purpose. To enter into an inquiry respecting the different varieties and stages of this very troublesome and even dangerous complaint, would be only over-leaping the limits I had prescribed myself at my first setting out on this paper, and which I am afraid is already too much extended. Suffice it then to say, that this solution in the mild form, and which may be varied according to circumstances, is infinitely more efficacious as an external application on the exterior surface of the penis, than the *aq. saturnini,* both of which I have often used. I cannot, however, recommend either of them as injections between the *glans* and *preputium,* which are usually more or less in a state of excoriation or ulceration; but where the exterior covering of the penis is free from any solution of continuity, and the diseased state of the *glans* and *preputium* is not of long standing, and the latter not being indurated, this very lotion has, by applying it cold with cloths dipped therein, and frequently repeated, often proved extremely beneficial in diminishing the inflammation, so as frequently to effect the uncovering of the

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glans, whereby the mischief is more in our power. But where the *preputium* and *glans* are in a hardened callous situation, from the long continuance of the ulcerated state of both these surfaces, a discharge should be encouraged by the application of emollient cataplasms, warm fomentations, and mild injections of barley water and milk, to keep the parts clean and encourage it; the increase of which, in this instance, rarely fails to lessen the tumefaction. The external treatment on which the cure greatly depends, is left to the discretion of the prescriber. Of paraphymosis I can only say, that from whatever cause it may originate, it must if possible be reduced by manual operation; in any other way it cannot: but to describe this and the chirurgical, would be unnecessary; yet when its reduction is once effected, I know of nothing that will diminish the enlargement of the prepuce so readily as the solution.

Thus far I have extended these observations, which, as I before remarked, are certainly more minute and diffusive than I at first intended, and what may appear unnecessary to veterans in medical science; yet, as they will be read by others who may be inexperienced, and at a loss how to discriminate its use with accuracy, the apology I have here offered will, I trust, sufficiently plead my exculpation.

Sunderland, Oct. 27, 1801.

To the Editors of the Medical and Phyfical Journal.

GENTLEMEN,

THE Remarks of your Correspondent signed S. on Mr. O'Neal's case and myself, in your last Journal, are from a Dr. Scott, of Newbury in Berkshire. The Doctor has enabled me to furnish the public with his signature, by transmitting me a counterpart of the letter which he had *previously* sent for insertion in your Journal.

The Doctor was induced to put me in possession of that performance by a motive of (what he terms) *candour*. That sentiment the Doctor might have felt, indeed, in his own *peculiar* way, but, in my estimation, it savours much more of malevolence than of that gentle virtue. The public will also probably look through the Doctor's letter in vain for his

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his boasted *candour*. No remark appears in this letter that was not anticipated in my observations, subjoined to Mr. O'Neal's Case.*

Dr. Scott speaks of repelled gout, insists on its destructive influence in Mr. O'Neal's case, and protests against apoplectic affection having existed. All these are gratuitous assertions. He then politely tells the public, he does not understand my theory of gout, and that to many sentences in my publication he can attach no meaning. This must be attributed either to the Doctor's dulness or to my obscurity. Here we are fairly at issue; and the Doctor will, perhaps, have to seek his defence by presenting the public with a production much less common-placed and hypothetical than the observations contained in his letter.

The refrigerant treatment of gout continues to succeed in the most promising manner, and that even under circumstances of the most tremulous atony. It is under the sure guidance of the natural sensation of heat and cold, and expressly concedes every indulgence with respect to temperature to the changeful feelings of patients. Where a sense of coldness is felt at the stomach during the treatment, it is probably induced by the sympathetic influence of a chilled skin from the impression of local cold. It rarely indeed occurs; but when it happens, there is the same occasion for exhibiting a stomachic cordial, whether domestic or medicinal, as there is for inviting augmented heat to the surface by either additional cloathing or fire. This is the practice authorised by my theory of gout, and is particularly enjoined by my dissertation on that disease. Were a patient suffering under local inflammation from fracture, contusion, incision, or any other injury from external violence, to be chilled by an excessive application of cold water to the affected part; its effect (as in gout) may be announced, either on the stomach by sickness and a sense of coldness in that organ, or on the brain in the form of stupor. These are symptoms of diminished vital energy, and will yield to moderate excitement, on the same evident principle that benumbed fingers from extreme cold become genially warmed by increased heat. The parallel likewise holds good in the mode in which relief is obtained by additional

* See Medical and Physical Journal, No. 73, page 231.

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excitement. If attempted by gentle means, it might be effected; but if solicited by abrupt and immoderate stimulation, the sinking energies of life will be more likely to be mortally exhausted, than salutarily recruited by such undue violence.

Dr. Scott puts questions relative to the previous and subsequent general feelings of gouty persons in a gouty attack, and assumes as a fact, that the stomach is almost invariably affected before the local excitement happens on the joints. That this organ is occasionally disturbed by dyspeptic symptoms, before the appearance of inflammatory swellings on the joints, is too notorious to be questioned; but my theory of gout accounts for that circumstance, by considering indigestion as a leading remote cause of the disease. If a morbid susceptibility for inflammatory affection should exist in the ligamentous and tendinous structure, the systematic derangement induced by the occurrence of indigestion, will dispose that fabric more particularly to diseased excitement; hence the cause and effect which occasionally link together indigestion and gout. But the Doctor says, indigestion is relieved by the local inflammation. Here he deserts the ground of fact, and launches into the regions of fiction, in a manner (to retaliate on the Doctor) not at all comprehensible to my understanding.

The gouty sufferer can best decide, whether either the occurrence or duration of the inflammatory excitement of the joints *charms* away indigesiton, or whether it does not rather generate, exasperate, and prolong that debilitating evil. It is, indeed, not yet to enquire if digestion be compatible with exquisite pain from whatever cause it may arise. If the pulse be agitated by severe torture, however it may be named, the stomach will sympathise too acutely in the suffering to be capable of salutary digestion, nor will that alimentary process return but with the cessation of the pain that disordered it.

Your readers' time shall not be farther trespassed on by repeating remarks already extant, on a subject fairly before the public for experimental trial. The treatment proceeds prosperously, and justifies my theory, which, whether intelligible to Dr. Scott or not, importantly avails in diminishing the affliction, and improving the health of mankind. Its practical application is equally safe and precise, if directed by the unerring guide of sensual temperature.

Dr. Scott will, of course, exempt me from any charge of breach

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breach of trust in publishing his name; not indeed expressly confided to me, but given under a pretence of *candour*, not in my power either to conciliate or acknowledge; nor does any admissible reason appear why the Doctor should disclose to me his whole signature, and limit the public to a single initial of it. The Doctor should not make known under the letter S. what he would not unreservedly support by his entire name.

I am, &c.

Taunton, April 14, 1805. ROBERT KINGLAKE.

To the Editors of the Medical and Physical Journal,

GENTLEMEN,

MR. R. O. Millett, jun. of Hayle, in Cornwall, has the thanks of Academicus for his letter, in p. 51 of your 12th volume. It seems that, whether, according to Mr. Cuming, (p. 518 of the 11th volume) cold was the remote cause of the child's illness, or, according to Mr. M. indigested sordes and accumulation of slime occasioned it, an emetic, in the first instance, is the practice of both: and had no confidential practitioner resided within several miles of the child, an emetic would, most probably, in the first instance, have been administered to him by a relative resident in the house with him. But the apothecary justifies the different treatment pursued by himself, in the following letter to the father of the child:

"SIR, *June* 21, 1804.

"In answer to yours of yesterday, I beg to say, the leading circumstances of your little boy's illness are perfectly fresh in my mind; and that the practice pursued by me on the occasion was such, as to leave not the smallest reflection, or require the least *justification* whatever. That cold * was the remote cause of the disease, that the capillaries were in consequence contracted, (and that perspiration, which originally escaped through them, thrown into the circulation) no one had the least doubt; but that

* Then why was it asserted to the father and mother, that it was *bile*; and that if it had been *cold*, it would have been indicated by *cough*?

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an emetic was necessary, or even proper, at the time I first saw him, I most decidedly object to. First, because no sickness or nausea, or indeed any symptom whatever, appeared to call for it; and, 2dly, because a diarrhœa of green bilious matter having commenced, it was just and right to conclude, Nature had pointed out that the path to be pursued; and that the best and only means of seconding her efforts, was by giving a laxative, of which calomel had the preference, and which practice the candid and liberal Mr. Cuming does not object to. I must again insist on the impropriety of giving an emetic, which, by its revulsive and counteracting effects, would have had the worst of consequences; whilst the plan pursued was both judicious and rational, and from which the most beneficial effects were expected. Again, if an emetic was absolutely requisite, why did not Dr. A. order it when called in, at which time the condition of the child was not† materially altered? Why, for the best of all possible reasons, because it was not necessary, and its exhibition, to say no worse of it, would have been bad practice. The very indecent, ungentlemanlike, and unhandsome observations of Mr. C. upon the case in question, require some notice; but which I shall defer till a more favourable opportunity.

"I am, &c.

"B. D."

"P. S. The saline mixture and blister were neither of them ordered with a view of relieving sickness (none existing) but with the object of promoting and causing a gentle diaphoresis, thereby counteracting the spasm upon the extreme vessels."

After this defence, the parties to whom it is made have read, in a book styled *The Modern Practice of Physic*, among the disorders of children, as follows: "Teething children, about the time of cutting their teeth, slaver much, and have generally a looseness. When the teething is difficult, especially when the dog-teeth begin to make their way through the gums, the child has *startings in his sleep*, tumours of the gums, *inquietude, watchings, gripes*, GREEN STOOLS, the thrush, *fever, difficult breathing*, and *convulsions*."

The child, whose case is in vol. 11, p. 461, of the Medical and Physical Journal, had all the symptoms above marked in

† The condition of the child was altered to great debility and emaciation; and the physician, when called in, declared it a lost case.

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in *italics*, and particularly *green stools*, which Mr. B. D. calls "*a diarrhœa of green bilious matter*" The child was also then cutting his last four teeth, at the two extremities of each jaw, having the intermediate sixteen perfectly cut; all of which had been cut with difficulty, as Mr. B. D. the family apothecary, had the means of knowing. *Unless*, therefore, it is wrong to ascribe *green stools* to *teething*, and they are *always* indications of *bile*, Mr. B. D. will have to reflect, whether *a blister* (on the breast of a child two years old) *six inches or more by three*, and *calomel*, would have *the best* effects in difficult dentition. *If* they would *not*, then it is left to him to reflect, *why* he did not, by proper interrogatories, *first* learn the state of the teeth, before he ascribed the green stools solely to bile, and treated the child accordingly.

I am, &c.

Dec. 17, 1804. ACADEMICUS.

Cases of Vaccine and Variolous Inoculation, by* WILLIAM FORBES, *Member of the Royal College of Surgeons, London.

THE reception, which Vaccine Inoculation has experienced from all ranks of society, affords the best possible proof of the public sentiment respecting the destructive influence of the small pox, which, even under the milder form of inoculation, exclusively of its leaving behind it various painful consequences, has, in many instances, proved fatal, and always been a source of contagion.

It was, however, to be expected, that many would oppose this new practice; and some have accordingly objected, that although the matter, when taken immediately from the cow, is a permanent security against the future contagion of the small pox, yet, that when the vaccine virus is communicated from one human subject to another, it loses that preventive influence.

To prove this, some cases are related, in which the small pox is said to have occurred after vaccination; and, whilst the advocates of vaccine inoculation appear unwilling to admit the possibility of the small pox succeeding, if the pustule have assumed the genuine character (although there were no apparent indisposition), the opponents have been equally anxious to establish every failure, not

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as arising from adventitious circumstances only, but from a real defect in the permanent power of the vaccine virus to prevent the future contagion of the small pox.

The following case of failure of Vaccine Inoculation gives an appearance of plausibility to this opinion:

In December 1802, Stephen Brown, a young man in perfect health, was inoculated with vaccine matter, in both arms; the weather was cold, and the inflammation so slow, that some days elapsed before it could be determined whether the virus had taken effect, which it did in one arm only; the subsequent progress was likewise slow in all its stages of vesication, efflorescence, scabbing, and unaccompanied with any apparent indisposition, and after some weeks the scab came off.

With matter taken from the above patient, John Heath was inoculated. The progressive stages of the vaccine pustule were precisely the same on the arms of the latter: as were also those of two children, inoculated from this last source.

On the 18th of February, 1805, Mr. John Prior, of Clapham, informed me, that the above-mentioned Stephen Brown was then under his care with the natural small pox. On seeing him, he gave the following history: That on the 11th of February he was seized with violent pain in his head, back, and limbs, accompanied with cold shivering, alternated with heat, had lost his appetite, and was thirsty. These complaints continued until the 15th; on the morning of which day some red spots appeared, first upon his face, then upon the chest and upper extremities: afterwards they were observed upon the body and lower extremities. From their first appearance, the symptomatic fever was relieved, and the eruptions went on to maturation, but were of a mild kind, and in considerable number. It is necessary to mention here, that the small pox was then in his neighbourhood.

He gave also a distinct account of the vaccine inoculation: he remembered the progress of the pustule, and mentioned his having frequently examined the arm of John Heath (his shopmate) comparing the appearances with those that had taken place in his own, the cicatrix of which is still perfect.

Every medical gentleman who saw this man was convinced, that he had the natural small pox: as a corroborating proof, two children were inoculated with matter taken from one of the pustules, on the 19th and 20th of February

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February, both of whom had the disease entirely to the satisfaction of the several gentlemen who visited them.

The two children who had been formerly inoculated with vaccine matter, taken from John Heath, were now subjected to the variolous test by inoculation with matter taken from one of those patients. The local effect produced upon the infected arms was as complete as is usual in those cases where the constitution had previously undergone that change which secures it from the future influence of the variola.

It may be remarked, that the vaccine inoculation in Stephen Brown must have been perfect, as matter taken from his arm produced the same disease in that of John Heath, from whom the two children were inoculated, and whose arms likewise exhibited a beautiful specimen of the cow pox.

I shall subjoin a few observations to prove, that the cause of failure in the vaccine matter, in the case of Stephen Brown, is not to be attributed to a defect in the preventive power of the vaccine virus, but to the circumstance of his constitution not having undergone that change which is necessary to secure it from the future contagion of the small pox, notwithstanding the perfect appearance of the pustule upon his arm. This may be illustrated by the following case:

A child having the confluent small pox, was occasionally nursed by his brother, upon whose chin was observed a perfect pustule; he had no complaint, and never had the disease. In about fourteen days after, with the previous symptomatic fever, he had a plentiful eruption of the small pox, in a mild form.

This opinion may also be supported from the analogy that appears between the vaccine and variolous inoculations, which the subjoined cases are designed to prove.

On three children, who were inoculated with small-pox matter, the appearance of the pustule upon their arms was so complete, that, although there were no apparent indisposition, several medical gentlemen, who saw these patients, pronounced them perfectly secure from the infection of the natural small pox; yet as there appeared no symptomatic fever, the criterion of the constitution having undergone the change necessary, to prevent the future contagion, they were again inoculated with variolous matter; and while two of them resisted its general influence, their arms only being infected, the other child

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had the usual antecedent symptoms, followed by an eruption of small-pox pustules.

Another experiment of the same kind was made upon a child in another family, under precisely the same circumstances, and (much to their surprise) with the same effect.

Some of these children had given the small pox to others, while they themselves were afterwards subject to the disease.

It cannot admit of a doubt, but that these failures were owing to the action of the variolous matter having been confined to the infected part only, which may be called one of Nature's phenomena, and are not to be ascribed to a want of durability in the variolous matter to prevent future contagion.

In consequence of similar occurrences, many were averse to the inoculated small pox, from an apprehension of future insecurity.

There appears, however, a difference between the two inoculations: in the vaccine it is allowed, that if the pustule produced be genuine, without any perceptible complaint (as was the case with Stephen Brown) the patient is declared perfectly secure from the future contagion of the small pox.

In the variolous inoculation, the symptomatic fever forms the criterion of future security.

It does not appear to me probable, that such cases of local affection will occur oftener in the cow pox than in the small pox; at least, I feel myself warranted to draw this conclusion, from having failed to produce the small pox, either by inoculation, or exposure to the contagion, in every experiment I have hitherto made, from the period of six months to five years after vaccination.

Camberwell, April 15, 1805.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I HAVE lately succeeded in reducing two luxations of the humerus (the head of the bone being in the axilla) by the following simple method; and though it does not differ in its principle, nor much in the method, from some

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others usually recommended, it may perhaps be found useful, in some recent cases of this accident.

Let the patient be seated on a chair of the usual height; then take a common soft towel, or table-cloth, put it round his body, just beneath the axilla of the dislocated limb; let each end be held by a stout assistant, seated on a chair close to the patient; tie another soft towel upon the dislocated arm, in a very firm manner, just above the elbow, and let both ends of it, when tied, be of a length sufficient to be held firmly by two other men, sitting on chairs directly opposed to the former; let the fore-arm be then bent, and kept in this position by a fifth assistant, standing; the arm being placed at a right angle from the body. Let the surgeon now seat himself on a chair, or stool, about six inches higher than that on which the patient is seated; let him sit on the outside of the patient's arm, opposite to the dislocated shoulder, with his right foot placed on the patient's chair, so as to raise his knee nearly into the axilla; let him then take a ball of fine packthread, wound together in a solid manner, of the size of a man's fist, and place it (previously wrapped in linen rag) in the patient's axilla, directly under the head of the dislocated humerus, keeping it in this situation with his knee. Let the two assistants, holding the towel tied round the arm, be next directed to make a steady, progressive, and strong extension of it; and let those placed on the opposite side keep the patient's body firmly seated on the chair in its natural position, neither pulling so strongly as to incline it towards them, nor with so little force as to suffer their antagonists to draw it to the other side. When this extension, and counter-extension, have been thus gradually made, with all the force the assistants can use, for a few seconds, so as to convince the surgeon that the head of the dislocated humerus is probably brought on a level with the edge of the glenoid cavity of the scapula, let him, at this instant, raise the ball in the axilla with his knee, by a strong muscular exertion, which the position of his foot on the chair will enable him to do in a very forcible manner; at the same time, let the palm of one hand be pressed firmly on the acromium, so as to prevent the body from being raised upwards, whilst the humerus, firmly grasped near the elbow with the other, is depressed. If these united exertions be made steadily, and at the same instant, I am confident that an intelligent surgeon will, for the most part, succeed in reducing a recent luxation of the humerus. I have already stated, that I have lately succeeded in two cases very readily; the first had been

been dislocated a few hours only, and the last about a week.

Two or three years previous to my having practised this method, I had reduced three dislocated shoulders, by suspending the body very gently and gradually by double pullies; one of which cases had been dislocated near a month. In the first case, the head of the bone slipped into its place the moment the patient was suspended: in the second, while in this position, he became faint, but the reduction was not effected by the suspension; at the instant, however, that his toe touched the ground, on being let down, and before he had recovered from his swoon, I took advantage of this situation, and succeeded in reducing the shoulder, by putting the fist of one hand into the axilla, and pushing the head of the humerus upwards with a little jerk, while, with the other, I depressed this bone, at the same instant, by taking hold of its lower part, near the elbow. In the third case, the suspension by the pulley did not reduce the bone; but, from the success I had had in the preceding case, I put a ball of packthread into the axilla with one hand, and depressing the humerus at the elbow with the other, I succeeded in reducing the limb in the manner already described; this too was done at the instant the patient's toes touched the ground after the suspension.

I am, &c.

Grafton-street, May 1, 1805. THO. WHATELEY.

To Dr. BRADLEY.

Sir,

If the following observations meet with your approbation, I will thank you to give them a place in the Medical Journal. They were suggested by a perusal of Dr. Reid's paper on the Vapour Baths of Russia; but are not intended as an answer to that gentleman's query, which is left for the solution of the learned and ingenious proposer, whose practical skill and acumen I have frequently observed with pleasure.

Vapour baths are in very general use among the northern nations, either as articles of luxury, or as preventives or cures of disease. The Esquimaux, the Icelanders, and the Kamschatdales, delight in the use of stoves, heated perhaps to a greater degree than those of Russia. The North American

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can Indian, when attacked by sickness, converts his wigwam into a vapour bath, and, when hissing hot, plunges into a river through a hole in the ice. No doubt can be entertained of the safety of the practice, nor, from its general use, of its salubrity. It would appear almost as if suggested by instinct, in such high latitudes, to obviate that degree of constriction on the surface, occasioned by long-continued cold, by supporting the balance between the external and internal circulation, and thus preserving the vessels of the skin in a permeable state.

This practice of alternating extreme degrees of heat and cold, appears, to a delicate person, fraught with danger; and he experiences a sensation of horror from the bare idea of feeling, "by turns, the bitter change

> Of fierce extremes, extremes by change more fierce,
> From beds of raging fire to starve in ice."

The habit of bearing these changes, so as to derive pleasure from them, is laid in early infancy, and continued through life, at regular periods. Mr. Taunton experienced a violent smarting sensation on the skin, during his stay in the bath, and appears to have been a good deal incommoded by the heat, though, from the state of his pulse, previously to his entering the bath, I should not suspect him to be of an irritable habit. A similar sensation is felt on entering a salt-pan when the boilers are at work; and few people enter these places, for the first time, without drawing back as soon as the steam strikes the face; the heat is extremely pungent, and gives the sensation of flaying.

The constitution of the common Russian is naturally robust, and possessed of a low degree of sensibility; his nerves are of iron, and his functions are regulated by mechanism. This might be inferred from the horrid punishment of the knout, which none but a Russian could survive; and from organs of digestion, equal to those of an ostrich, and which can bear with as little annoyance a bumper of brandy or of train oil. To a Russian, brandy and the hot bath constitute the "Panem and Circenses;" they are strongly impressed with their salubrity, and never fail, in sickness, to have recourse to these Herculean remedies. Many physicians have celebrated the Russian baths; and have even ascribed the comparative mildness of the small pox in Russia to their use, especially Sanches, in a treatise, "De cura variolarum vaporarii ope apud Russos, omni memoria antiquioris, usu recepti." Dr. Currie, in his valuable Medical Reports, ascribes the safety and agreeableness of these sudden transitions merely to an increase of the heat

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of the body above the natural standard; but it appears to me more just, to ascribe it to the increased activity of the cutaneous vessels. These are powerfully stimulated by heat; and in habits such as those under consideration, where the contractile power of the muscular fibre is great, the vascular action is not soon overcome. This action of the cutaneous vessels the Russians endeavour to increase artificially, by gently flagellating themselves with bunches of twigs, or leafy branches, which occasionally also serve the purpose of fig-leaves during this assemblage of the sexes; and when, by this mode of irritation, a considerable degree of erythema is excited upon the skin, they plunge without fear into the coldest streams.

In hot climates, where the body is relaxed by long exposure to an uniformly high degree of heat, an incautious exposure to a stream of air, but a few degrees perhaps below the temperature of the body, is not unfrequently followed by alarming consequences. The morbid effects, in this instance, neither arise from the retention of any thing acrimonious, nor from diminution of temperature, but from the sudden disturbance of the circulating mass. The atonic state of the cutaneous vessels is so great, that it can scarcely be called action; a slight degree of cold, especially if assisted by moisture, produces immediate constriction, and a sudden determination of the circulating mass to the interior parts, which have been long in a comparative state of depletion, and are now unable to bear so sudden a shock. The effects produced by this change are various: when the determination is made to the chylopœtic viscera, and especially to the liver, cholera most commonly ensues; when, to the whole extent of the bowels, diarrhœa; and when to a smaller portion, dysentery. These effects also more readily ensue, according as each part has been weakened by previous attacks. In our changeable climate we frequently observe the vibrating balance between the skin and the kidneys; a person going into a cold room feels a desire to void his urine; or a flow is made to the pituitary membrane inducing coryza; or to the lax and spongy tonsils, inducing cynanche. If these effects do not follow exposure to much higher degrees of cold in Russia, we must attribute it to the same cause which renders them strangers to what we call nervous complaints. Nor does it appear strange, upon reflection, that pleasure should be derived from the alternation of high degrees of heat and cold; because when the skin is in the proper state of excitement, it seems probable that the

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the shock communicated to it will be only equal to what it would have experienced from the mean degree of temperature in the ordinary state of excitement.

Jan. 11, 1805. MEDICUS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

MR. Whitlam's account, in your last Number, of a case of inveterate chronic rheumatism, relieved by the use of the solutio arsenici, was of course exceedingly gratifying to me; and I wish most heartily, for the sake of those afflicted with that tedious and painful disorder, such of your correspondents as have made trial of the same remedy, would give equal publicity to their experience. What I have seen of its effects, since I published my first account in your Journal, has only tended to confirm what I there advanced; and I have scarcely a doubt remaining, but it will prove a most valuable medicine indeed, even in those states of the disease which we have hitherto been very little capable of relieving.

The lady under Mr. Hardman's care, before referred to, has been repeatedly and effectually relieved from returns of the symptoms, by the use of the solution.

William Daval, a farming labourer in Staffordshire, ætat. 60, in the course of the last summer obtained a complete cure, by the same means, from a combination of lumbago and sciatica, which had crippled him for months, and baffled the force of the usual remedies. I had the pleasure of seeing him about two months after his recovery, holding the plough with his usual strength and spirits. His thankfulness was excessive; and his expression of it was such as would have excited delightful emotions, even in the calmest of beings.

As the safety of the remedy has been established, by a long and general employment of it, in other complaints, I hope the liberal humanity of my professional brethren will prompt them to have recourse to it in chronic rheumatism, upon the earliest occasions, and to communicate the result of their experience without unnecessary delay; in all probability, the comforts, if not the existence of many fellow creatures, now miserable, are depending upon their compliance. I am, &c.

Manchester, Jan. 12, 1805. JOHN JENKINSON.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I AM induced to trouble you with a line on the subject of fractures of the cranium, from an idea that the trephine is oftener used than is really necessary; and if, by any means, we can lessen the pain attending those accidents, without increasing the danger, I think it behoves every surgeon to contribute his observations.

In the course of my practice I have had thirteen cases of fracture in different parts of the cranium, nearly all with more or less depression. In eight of these I did not apply the trephine, and these patients all recovered without any very serious symptoms occurring, and I have known several of them, for years since, enjoying good health.

I will now state two cases, recently occurring. The first, Oct. 18, a farmer, aged 25, rather delicate in make, discharging a gun, it burst, and the breech struck the upper part of the forehead, and depressed a part of the frontal bone, nearly the size of a tea-spoon bowl; he was stunned and beat down, but after a time got home. Next morning, when I was called, I found symptoms of depression, dilated pupil, great pain in the head, sickness and vomiting, slow pulse, and great loss of strength. The wound was about an inch long, and the pericranium was detached from the bone, so that the depression was plainly to be seen. As the case did not appear urgent, I determined to try the effect of bleeding, copious purgings, with a low regimen and a dark room, dressing the wound lightly, and was much pleased to find every appearance go on favourably. The man was able to go out in about three weeks, the sore quite healed, and has remained well ever since.

In the second case, which happened the 22d of November, to a boy, aged 14: As he was lowering a piece of timber into a boat by an engine, the windlas slipped from his hands, and struck him a blow on the parietal bone, about an inch above the ear; a portion of scalp was detached, and the fracture and depression were more extensive than in the first, and so also were the symptoms; however, the success of former cases induced me to try the same plan, of bleeding and a low regimen, and uniting the scalp by the first intention, which could not be done in the former case, as the parts were bruised and burnt by the powder; and am happy in saying every thing went on to my wish; in three weeks the boy

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boy went home to his friends, and has continued well ever since.

I am well aware the cases above recited are very imperfectly drawn up, and if my practice is generally followed, it will answer no good end to insert them in your Journal. But if they are likely to make the younger practitioners in surgery wait a short time, in many cases, before they use the trephine, that is the utmost of my expectation in sending them to you, and you are at liberty to publish them if you please. I am, &c.

Wootton Bassett, Jan. 8, 1805. FRANCIS GODDARD.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the course of the very extensive Inquiries regarding health and longevity, in which I am at present engaged, it naturally occurred, that much useful information might be obtained, from ascertaining the means by which persons who are trained to athletic exercises are brought to that height of strength and activity which it is necessary for them to acquire; and by what processes the speed, the strength, and the courage, of the brute creation can be improved. With a view of obtaining a knowledge of the facts from which such important consequences result, the enclosed paper, and the queries therein contained, were drawn up.

As the insertion of that paper in your valuable Journal would be of material service, in procuring an important addition to the information that may be expected from other channels, I beg leave to enclose a copy of it for that purpose; and I hope that your friends and correspondents will take an early opportunity of transmitting, either to me, or to the Publisher of the Medical and Physical Journal, any information connected with the particulars alluded to in the paper, which they may consider to be material.

5, Terrace, Palace Yard, Westminster, April 23, 1805. I am, &c. JOHN SINCLAIR.

PROSPECTUS, &c.

A few extracts from this prospectus will give the public an insight into the author's views, and the plan of his work:

"It is observed," says he, "though all must die, yet that some

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some individuals live for a shorter and some for a longer period; that while some perish during infancy or youth, the existence of others is prolonged for many years.

"It is also remarked, that while some individuals enjoy the possession of their mental and corporal powers, almost unimpaired, during the whole period of their existence, others are occasionally, and in some cases perpetually, in a sickly state; the one of course possessing the advantages of *health*, and the others being the victims of *disease*.

"It has farther been noticed, that many persons, by means of various remedies, which experience has pointed out, have recovered from those disorders with which they have been afflicted, and from the personal accidents which they have unfortunately undergone, so as to regain their former health and strength.

"Hence arises the threefold division of the general subject of Life and Health; namely, into the means, 1, *Of prolonging life*, to which some authors have given the name of the Macrobiotic Art; 2, *Of preserving health*; and, 3, *Of curing and alleviating disease*.

"Of the means by which persons are relieved from the various disorders and accidents to which they are liable, it is not the object of the intended volumes to treat. Such particulars comprehend the arts of medicine and of surgery. There a vast and extensive field opens itself; to the cultivation of which thousands of able men have directed their attention, and in many respects successfully, though these arts have not hitherto reached that degree of perfection which it is so desirable, for the comfort of human nature, they should attain.

"Of the other two objects, however, the means of prolonging life, and preserving a state of health (not as distinct propositions, but as being, *when properly viewed*, so intimately blended together, that they can hardly be separated) it is the intention of the author to treat. What inquiry can be of more real importance? If health be the greatest blessing of life, and if disease render man miserable, what can be more desirable, than to ascertain the means of preserving the advantages of the one, and of counteracting the ravages of the other? If by prolonging our existence also we can be of more service to mankind, from the superior knowledge which greater experience, and longer observation, must generally furnish, what can be more important, than to endeavour to preserve our health and strength, that we may be the better enabled to perform beneficial and useful actions? For the power of doing good

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is the proper limit by which our wishes for existence ought to be bounded.

"When all these particulars are considered, it surely can require little apology from any person who has applied his mind to such subjects, for venturing to lay before the public his ideas concerning them.

"It may be proper, at the same time, briefly to explain how an individual, unconnected with the medical profession, has been led to pay such particular attention to the subjects of health and longevity, as to consider himself competent to the task of instructing others regarding such interesting particulars.

"Though naturally possessed of a sound constitution, untainted by any hereditary disease, yet, about six or seven years ago, the author had fallen into a weak and enervated state, and found himself unequal to the task of managing his own private concerns, of prosecuting useful inquiries, or of applying his mind to political pursuits, with his former energy and zeal.

"As age advanced, he found many of his contemporaries either getting into a declining state, or sinking into the grave, much sooner than he had expected. The causes of these events he naturally wished to ascertain, and to determine whether so premature a decay might not have been prevented.

"In carrying on his statistical inquiries (a branch of which, namely, the effects of climate, was necessarily connected with the points in question) it was a matter of astonishment to find how few of the human species, in proportion to the numbers born, attained any considerable extent of years, even in the healthiest countries.

"Above all, it was a matter of regret (and the longer one lives the more striking it becomes) that even while men do live, their existence is too often embittered by disease, and their life a burden both to themselves and to others.

"These circumstances, united, naturally directed his attention to the subjects of health and longevity.

"Having printed, both in English and French, a short treatise on health and longevity, accompanied with several questions, in order to obtain additional information, he has thence fortunately procured a variety of important communications, in manuscript, both from foreign and domestic correspondents, by which the intended work will be considerably enriched.

"But, in particular, he has to rely on the treasures of

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knowledge, regarding health and longevity, published by various authors who have already written on these subjects, and of whose works he has made a collection to the number of about two hundred distinct treatises or volumes, every one of which is, either directly or indirectly, connected with the proposed inquiry. From this immense mass he proposes to extract whatever seems to be peculiarly valuable.

"On subjects respecting which so many volumes have been written, it will not be easy to draw up a new work, the form of which will give universal satisfaction, as many will desire a more condensed, and many a more detailed explanation.

"To gratify the first, it is the author's intention to consolidate, into one volume, octavo, all the knowledge which he considers to be *essentially necessary* for the attainment of health and longevity. The generality of mankind will not have leisure to read, and many of them cannot afford to buy, a larger publication.

"But, for those who may be desirous of investigating the subject farther, he intends to print, in four volumes, octavo, distinct from the other work, but to be published at the same time, an account of the writings and opinions, 1, of ancient, 2, of foreign, and, 3, of British authors, who have discussed the subjects in question.

"The most natural division of the subject under consideration seems to be, to point out,

"1. The circumstances which necessarily tend to promote health and longevity, independent of individual attention.

"2. The rules which, if observed by an individual, have a tendency to preserve health and existence, even where these independent circumstances are wanting. And,

"3. The regulations by which the general health and safety of a great community are protected from the various injuries to which they are likely to be exposed.

"PART I.

"*Circumstances which necessarily tend to promote Health and Longevity.*

"It will hardly be disputed, that while individuals differ so much from each other, with regard to a variety of important particulars, as the climate in which they reside, the manner in which they are formed, &c. that there must necessarily be a material difference with respect to the duration of their lives. It is essential therefore, in the first

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first place, to ascertain what these particulars are. It seems to me, that they may be all comprehended under the following general heads:

1. Form and growth of the individual.
2. Natural constitution.
3. Disposition of mind.
4. Parentage.
5. Climate.
6. Education.
7. Rank in life.
8. Particular occupation.
9. Connubial connexion.
10. Sex.

"PART II.

"*Rules for preserving Health and promoting Longevity.*

"It is evident, that if men lived uniformly in a healthy climate, were possessed of strong and vigorous frames, were descended from healthy parents, were educated in a hardy and active manner, were possessed of excellent natural dispositions, were placed in respectable situations in life, were engaged only in healthy occupations, were happily connected in marriage, &c. &c. there would be little occasion for medical rules. But it is universally known, that some individuals enjoy only a part of those advantages, whilst others possess hardly any of them complete. Hence arises the necessity of attending to those *rules* which observation and experience have pointed out as being the most likely to counteract the disadvantages arising from so material a want, as of any of the natural advantages above enumerated. These rules relate to

1. Air.
2. Diet.
3. Digestion, and its effects.
4. Clothing.
5. Habitation.
6. Exercise of the mind.
7. Exercise of the body.
8. Sleep.
9. Amusements.
10. Habits.
11. Temper, or disposition.
12. Medicine.

"To which will be added, several rules of a *miscellaneous nature*, concerning the means of alleviating the effects of the various accidents to which persons are exposed; together with observations on the necessity of adhering to different rules, according to climate, peculiar occupations, &c.

"PART III.

"*Regulations for the Health of the Community.*

"The police of public health is a most important branch of the proposed inquiry; and the events which have re-

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cently happened in Spain, and at Gibraltar, have given it additional interest. It may be treated of under the following general heads:

1. Police of climate.
2. Police of physical education.
3. Police of diet.
4. Police of public amusements.
5. Police of habits and customs.
6. Police of public institutions.
7. Police for the health of sailors and soldiers. And
8. Police of medicine, and the means of promoting its improvement.

Observations on the training of Pugilists, Wrestlers, Jockies, and others, who give themselves up to Athletic Exercises; with some Queries for discovering the principles thereof, and the process of training Running Horses, &c. with a view of ascertaining, whether the same can furnish any hints serviceable to the human Species.

THERE are habits which seem to be natural to, and congenial with, the several periods of life. The child should merely suck, sleep, and vegetate. The boy should ramble wild and unconstrained, little oppressed with tasks or studies, and nourished with abundance of simple food. The youth should be temperate, sober, active. The old man quiet, sedate, self-indulgent; should have long sleep, delicate food, rich wines, and agreeable temperature; little labour, and a cheerful mind. Nature assigns us vigour, spirit, enterprise, and foresight, in the early part of life, to treasure up the needful indulgencies for age. Parents are careful of our first infancy; we ourselves ought to provide for our latter childhood.

Next to the free circulation of the blood, through all the body, terminating in the surface, that of the free transit of the blood through the lungs, is essential to health.

The oxydation or chemical change produced by air upon the blood, is essential to its vital properties. A free and powerful respiration is most essential to a fresh colour of the face, to lively spirits, and cheerful feelings, and to the healthy and vigorous actions of the body. "It is my breathing hour of the day," says Hamlet to Ostric. It is a princely thing to set apart hours for exercises; and there is little doubt, that if all those, who linger away their hours in luxurious and indolent relaxation, were to assign a regu-

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a regular portion of their time, to the hardy and manly exercises of walking, riding, fencing, &c. and would take *their breathing hour*, they would breath long and well.

These reflections naturally arise upon considering the almost incredible perfection, to which those, whose profession it is to train men to athletic exercises, have brought their respective arts. By certain processes, they improve the breath, the strength, and the courage of those they take in hand, so as to enable them to run thirty, or walk a hundred miles, in a given space of time; to excel in wrestling, or to challenge a professed boxer. Would it not then be a most important addition to the facts we already know concerning the means of improving strength, and ensuring long life, if authentic information could be procured from those districts where athletic exercises prevail, what are esteemed the best and surest processes for training men for foot-races, trials of strength in wrestling or boxing matches, or for raising the strength and courage of game-cocks, or improving the wind, strength, and speed, of running horses to their highest pitch.

I question whether the athletics of old used similar means; whether they were equally successful; whether there ever were, in any climate, age or country, more hardy or powerful frames than those of our English pugilists. In Cooke's voyage, we are told of the marked inferiority of the English sailors, in wrestling or boxing, to the naked sun-burnt heroes of the South Sea islands. But an English sailor, though full of spirit and vigour, is as clumsy as a clown, and could not even row against an inhabitant of the Sandwich Islands. An English bricklayer, blacksmith, or draymen, however, who liked the sport, and was practised in balancing and striking, might have challenged the whole of the tawny nation.

With a view of collecting such important information, I am very anxious that the following Queries should be proposed to those who profess the art of training pugilists, wrestlers, and runners of foot-races, by such intelligent men as have the opportunity of conversing with them.

1. By what criterions or tests, they judge of the muscular strength, or wind, or other qualities of those who seek to put themselves under training? What is the earliest, and what is the latest age they would attempt to train?

2. How they judge of the length of time that may be required for bringing a man into good plight, vigorous

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health, and free breathing? and what period of preparation is usually required for running a match?

3. What purges they use; and in what succession; and by what rules do they administer them; and how do they judge of their effects? Is the purging only preparatory, or is it regularly continued? Is it meant, by this process, to reduce the plethoric state of the system, (on the idea that there is too great a quantity of blood), or is it simply designed to put the bowels in the most favourable condition, for easy and good digestion? Is the reducing the actual size of the belly, necessary to more free and perfect breathing?*

4. Is the diet rich or simple; of animal food, or of vegetable; in great quantity, or sparing? Is it increased gradually, or diminished gradually? What meals have they in the day; and at what hours; one or more; frequent feeding, in small and fixed portions, or full and substantial meals? What kinds of flesh or meat is reckoned the best; whether beef, mutton, veal, pork, lamb, or fowl? Are any kinds of fish allowed? What quality of food is most conducive to strength? What quantity is necessary for maintaining the system in its most perfect state of vigour? Do they feed much in the intermediate days of the purges? Is abstinence required when they take their physic?

5. What kinds of liquors are reckoned best? Whether wine, ale, water, spirits, &c.? Whether given hot or cold; in what quantities; and when ought they to be given?

6. Are the very violent perspirations into which they throw their patients, designed to reduce the system, to extenuate the fat, to lessen that quantity of blood, the excess of which makes us giddy or short breathed; or is it merely designed to produce a new condition of the skin, more favourable to health, and muscular vigour; to produce a sharper appetite; a greater demand for food; and a quicker nourishment, or a greater nutrition from a more slender diet? Is the sweat at first produced by exercise, and only

* The effects of taking up a running horse from idleness and soft pasture, to hard food and regular exercise, is attended with this peculiar effect, that while the animal becomes lank, sleek and glossy, while he gets fire in his eye, and a new vigour in his limbs, and wind and speed, his belly, (swollen with coarse indigestible food, eaten in great profusion), is drawn into half its size. May we not then presume from this analogy, that the state of the belly has a remarkable effect upon the wind?

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only continued by the person, when trained, being put between feather beds, and encouraged by drinks; or is it produced by force of sweating drugs, or violent heats, or by continued friction? At what hours are the perspirations brought on? How is the pupil treated when the sweat is over? What becomes of the skin of a fat man, when, by the process, he is reduced in size, and rendered lean? Does it hang loose, or is it tight? Has it any effect upon the bones?

7. What hours of exercise do they require of their pupils during the day? At what hours do they send them out in the morning? How long do they continue abroad? Are they loaded with clothes after the body is reduced, and becomes limber, and thin and muscular; or only while the sweating process continues? Are they fed before they go abroad, or when they return? What trials are made of their strength? When is a man known to be up to his full strength and breath in training? At what hours do they go to bed? What sleep are they allowed? What indispositions are they subject to during training? Are there any circumstances by which the process may be interrupted; or any circumstances, in consequence of which, it must sometimes be abandoned.

8. What is the state of the health, after they give up training? Are they subject to any complaints; and what are they? How long does the acquired excess of strength continue?

9. It is most interesting to learn, on which part of this process, the purging, the sweating, the exercise, or the feeding, they most depend; and whether it procures a permanent increase of vigour, easily maintained by suitable diet and exercises, or only a temporary excitement, calculated for the particular occasion? Also, whether persons have ever thought of undergoing this process, not for the purpose of running matches, but to recover health; with what success this has been done, and whether it is to be recommended for gout, corpulency, asthma, nervous disorder, or other maladies, as likely to be of service?

These are questions, of the importance of which, those who are best able to answer, may not be fully aware. But nothing which so suddenly changes the powers, and the very form and character of the body, from gross to lean, from weakness to vigorous health, from a breathless and bloated carcase, to one active and untiring, can ever be unimportant, either to the art of physic in general, or

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to that branch of it, more immediately connected with inquiries regarding health and longevity.

The queries to be put regarding jockies, running-horses, or game-cocks, may be to the following effect:

Jockies

1. What is the process used in training them, and reducing their weight?

2. What effect has it upon their health and strength?

3. What effect has it upon their mind, in regard to courage, quickness, &c.?

4. How long do these effects continue?

5. After being reduced, do they quickly get fat again, or do they continue long in the state to which they were brought?

6. Are jockies, accustomed to be thus treated, healthy and long lived?

Running Horses.

1. What are the principal objects to be attended to in regard to running horses? Do their perfections depend upon parentage, and whether most upon the male or the female? Is it necessary that the mare should have gone her full time, to bring a perfect foal? Is the gradual growth of the foal essential? Is there a great difference, in regard to natural constitution, between horses of the same parentage? What kind of form is in general preferred? Do you prefer great or small bones? Which sex is preferable for speed, and which for strength?

2. What is the best age for beginning to train horses for the turf? Are they first put upon grass? What is the effect of soft meat? When should they be put on hard meat? What are the effects thereof? Is it necessary to purge them frequently? Have the purges any tendency to weaken them? What food is reckoned the most nourishing? How often are they fed? What drinks are given them, and how often? Whether hot or cold? Is it necessary to keep their skin perfectly clean, and how? Is it necessary to make them perspire much? What exercise is given them? How is the training completed?

3. After the training is completed, can the perfections thereby obtained be easily kept up? Does the process effect merely a temporary change, or does it last during life? Are running horses as long lived as others, or do they soon wear out?

Game

GAME COCKS.

1. Does the superiority of game-cocks depend upon parentage? Which is of most importance, the male or the female? Is it of any consequence that the cock should arrive rather gradually at maturity? Is there a great difference in point of strength and constitution, in game-cocks of the same parentage? Do you prefer great or small bones?

2. When do you begin to feed the young cocks? What diet and drink do you give them, and what is the process by which they are brought to the greatest possible height of strength and spirit?

3. When the game-cocks are thus trained, how long do the effects thereof last? Are they temporary or permanent? Do game-cocks thus trained live shorter or longer than others of the same species?

4. What drugs are given to fighting-cocks immediately before the main begins? Is it not usual, by giving them saffron, (or some drug, which has the same effect with opium, as used among the Janisaries, or brandy among the French soldiery), to excite an unnatural and short-lived courage? What are the effects of such drugs? and how do they manage the feeding up to this point, so as to take advantage of this momentary excitement?

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT affords me peculiar pleasure to see in your Journal for the present month, that Dr. Jenner's* Communication respecting Herpetic Eruptions impeding or preventing the perfect action of the Vaccine principle, has arrested the attention of some of your Correspondents; and I heartily wish, with those gentlemen, that medical practitioners, would be particular in searching their patients to discover any cuticular disease, with a view to remove it, if practicable, previous to vacciolation. That cuticular complaints, and especially herpetic, when inveterate, do more frequently prevent the proper progress of the vaccine

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* See Medical and Physical Journal for August 1804.

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cine vesicle than s generally known, I am perfectly convinced, having seen in my own practice several instances, where I could not produce the true vesicle on children who had been subject to eruptions on their heads and on different parts of their bodies and extremities; in which cases, the vesicle and areola were completely formed as early as the sixth day. Those children were of course revacciolated, when their eruptions had either been removed by appropriate medical treatment, or had spontaneously disappeared. I was not prepared to ascribe the spurious vesicles produced in those cases, to the presence of herpetic eruptions or psoriasis difusa, until I read Dr. Jenner's interesting paper above alluded to, which has called my attention to the subject, and determined me not to vacciolate in future, when any cuticular complaint exists (except in very slight cases) until it shall have been perfectly cured. I have, in another place, observed, that "Gentlemen could not become all at once perfect Vacciolators;" and might not many, at the commencement of their practice have produced spurious cow-pox, either from the presence of the above disease, or some other cause, and yet thought they had produced the genuine? And, Query, might not many of those children, who, *as we are told*, have had the small-pox subsequent to vacciolation, have had the spurious in lieu of the true cow-pox, when the practice was still in its infancy? I trust more of your Correspondents will turn their thoughts to this subject, it merits the attention of both vaccinist and antivaccinist; the former will see in it an enemy to vacciolation, which, now discovered, will be less dreaded than when concealed. The latter will, I hope, be sufficiently candid to allow, that, it is probable, several of the subjects who, as reported, have had small-pox after Cow-pox, *never had the genuine*, but the spurious, which affording no security against small-pox, it ceases to be a matter of wonder that they should take the latter disease.

I rejoice to see the progress of vacciolation on the Continent: in France, as communicated in the Medical Journal for this month by Mr. Ring. I am also happy to state, from the most respectable authority, that only two persons died of the small-pox at Vienna during the year 1804, and they were both imported cases. At Berlin, also the small-pox is done away; and Mr. Shoolbred,* acquaints

* See his Pamphlet.

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quaints us that the small-pox is extinct among the Europeans at Calcutta: These important facts have been produced by the vaccine inoculation.

Foreigners have certainly gone more unitedly, steadily, and sensibly forward in the great work of exterminating small-pox, than we have at home; probably they have felt nothing of that envy and prejudice which have started up in England; and to this is owing their extraordinary success. Let us hope that the period is not very distant, when medical gentlemen, in England, will be as unanimous and as successful in the practice of vacciolation, as their medical brethren in Paris, Vienna, Berlin, and in the East Indies.

I will not intrude longer on your valuable Journal than just to state, that in my practice I still continue successful, and have not, to the present day, met with a solitary instance of *even the slightest suspicion* of small pox subsequent to vacciolation.

There being no public institution in this town, for the gratuitous inoculation of cow pox, I have, with a view to benefit the poorer classes of society, and to assist in the great work of exterminating the small pox, lately commenced vacciolating the poor free of expence; and I am extremely happy to add, that many applications have been, and still continue to be made to me, to receive the benefit of that great blessing.

I am, &c.

Queen-street, Portsea, May 9, 1805. SAMUEL HILL.

To the Editors of the Medical and Physical Journal.

GENTLEMEN, *Salisbury Square*, 2, v. 1805.

THE "literary assassin," may screen himself under the veil of a fictitious signature, (vide Medical and Chirurgical Review, July 1804); or by withholding all manner of subscription (id. March 1803). The Philologos and Eosaco of your late numbers, are characters of a very different description. It is pleasant even to reply to the ingenuous unknown. I have not a doubt but the case mentioned by Eosaco, in 399, was a complete case of vacciolation; and the deep hole in the centre, whence a considerable quantity of pus was discharged, must only have been produced by a rather heavy application of the lancet at the time of the

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inoculation. Such appearances of irregularity very frequently meet my eye; on which occasions I immediately remove the scab, wipe out the subjacent mass of pus, (enough of it to produce on one and twenty subjects a completely spurious, if any, effect by inoculation) and then, cutting up the vascular ring which bounded it, obtain only the true vacciolous bunoserous, Jennerian, or guardian fluid.

My unwavering confidence in the above conclusion arises from the very circumstantial statements of Eosaco, both as to the facts, and the time of their happening. Blood was drawn at the time of inoculation; this was by too heavy an application of the lancet. Yet the matter was not washed completely away; some minute particles of it were received by the cellulæ, or loculi *sub cuticula*, or by minute ramifications of absorbents, or veins, or nerves, or whatever else they may be which are first acted upon, and which, accordingly as they may have been cut or wounded by the instrument, may have immediately laid hold of the virus, or may for a time have collapsed, or become paralysed, producing those varieties in point of time and appearance, which now and then occur. The appearance on the eighth day was such as proved, that genuine matter had been applied, and that the perfect effect had been produced. Had the inoculation been performed lightly, the pock would not yet have been so large, and would have had a more transparent appearance; the areola might also have been rather later, but not more perfect in its appearance. The characteristic scab would have filled up the central part of the pock, which pus, producing successively the yellow and green appearances, induced by the wound from the lancet, had completely occupied. The scab would have exhibited the gradations of shade from yellow to dark brown; it would not have cracked, but, thickest at its centre, would at length have turned out, or fallen off, firm as a tamarind stone.

How happens it that the lancet thus sometimes produces, besides the proposed effect (infection) so great a collection of pus in the centre of the pock? A similar wound in an ordinary way would not be greater in its effects than, in dress, the female very commonly experiences from a scratch of a pin, the man from a scratch of his razor? Does the virus introduced prevent the ordinary healing process being set up as on the surface, by giving the circumjacent parts a different action to occupy them with; and does the healing process hereby become a more deeply-seated business with formation of pus, &c. burrowing deeper sometimes than the pit which that congeries of cells, the whole substance

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stance of the vacciolous pock, does produce and occupy, invariably leaving the indelible cicatrix.

The following extracts, from a letter of Dr. Jenner, must be acceptable to many of your readers.

J. W.

"Dear Sir,

"I have enclosed a few ivory points, coated with vaccine virus. It is just taken from a fine eight-day pustule, and I could wish you to infect two or three children with it. I am introducing no stranger to you; but a branch of that friend of humanity with which you became first acquainted in the Mediterranean. In short, it is from my old stock, which we have been constantly using here from the year 1799. It has been in constant use in my own immediate hands from December last. One of my principal motives for wishing to see it revived at the Central House is, that any gentleman may have an opportunity of witnessing the permanency (with respect to its qualities) of the vaccine fluid for six successive years. During this time, it has been constantly passing from one human being to another. You will not perceive any difference in the pustules excited by this and that you are now in the habit of using.

"My paper on Herpes is unpopular, I find; I am sorry for it. But for all this, I hope you will bear an eye to it. Indeed you have already borne witness to those facts inculcated by me long before my departure from town.

"A very curious and interesting case has lately occurred; you shall have the outline.

"A child was inoculated for the small pox; the arm inflamed and *festered* to a considerable extent. Some time after, she was again inoculated with small-pox virus, and the result was not unlike the former inoculation. After the lapse of a considerable length of time, she was inoculated with active vaccine matter. The arm inflamed to a great extent, and a large pustule was quickly formed, but wanting in its perfect character. I was consulted as to the safety of the child, and of course gave an opinion that it was still insecure. On inquiry, I found it had been affected with herpetic blotches, almost from its earliest infancy. I recommended a remedy for the malady (which was applied with effect) and then a reinoculation with the vaccine fluid. The spell was broken (if I may use the expression) and now the vaccine sprung up, unimpeded and perfect in all its characters. Observe, during the presence of herpes, there may be no imperfection in the vaccine pock,

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and there may be, and there certainly is, every gradation between that slight deviation which is of no sort of consequence, up to that which completely denies all security.

"Yours, very faithfully,

Berkeley, April 25, 1805. "EDWARD JENNER."

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Rejoice that Dr. Walker has noticed my late Letter in the Star, without indulging so largely in those veins of flippancy and asperity, which have for some time past so much characterized his papers on the benign subject of Vaccination; and I rejoice too, because I think I read in his remarks, a confirmation and demonstration of the opinions I have undertaken to suggest. Nothing, I think, can be more obvious to every person who does not read and reason very superficially, or reason at all indeed, that the Doctor goes far apparently to subscribe opinions which he professes to combat, and to give to airy nothings or notions, as he terms them, a local habitation and a name. The indefatigable secretary, and vaccinator, (no man, I really believe, is more justly entitled to this distinction) at once tells us, "*That from the constant demands for matter at the Central House, he is daily obliged to break down pocks at all stages from their first formation till they have acquired their full dimensions, and then adds, that the parents are assured* that their children are perfectly protected.*" Now, gentlemen, at Plymouth, we had anticipated this information, for we understood several cases of secondary variolæ at least had occurred in subjects who had been vaccinated at Head Quarters; and we now venture to predict that more will occur. Without further preface, therefore, (Dr. Walker is not a man to stand upon compliments, nor do present circumstances seem to require them) we beg leave to call earnestly to the Doctor's recollection the very prominent situation which he fills; and at the same time to request him (as a great

* Other evidence than round assurances and many ipse dixits will now be expected.

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a great exemplar of the practice of vaccination) immediately and henceforward to discontinue the unwise and unwarrantable custom in the Central House of *breaking down pocks, at all stages, from their first formation till they have acquired their full dimensions, or that he will not continue to assure the parents of children who have been so treated, that these children are always secure*; and that he will also immediately advertise the public of the important and salutary reformation that has taken place there.

Dr. Jenner has no where authorised such *breakings down*, such *lacerations* of the vaccine vesicle; he has, I believe, admitted, that sometimes the *accidental rupture of the vesicle may destroy its preventive powers*; *and in an Address of the Royal Jennerian Society for the Extermination of the Small-pox*, which Dr. Walker himself did me the honour to transmit me some months ago, I find enumerated among the *probable causes* of occasional failures, the following: I quote verbatim,—" or by the *genuine vesicle having been destroyed at an early stage, and the regular progress of the disease thus interrupted.*"

Dr. Jenner and all his attentive disciples acknowledge and assure us, and indeed we all know, that the vaccine principle is determined by the subtlest and nicest laws. If a single herpetic blotch, or a few blotches of inveterate psora, on a part of the skin the most remote from that where the vaccine fluid has been inserted, will now and then influence and totally transform its action; if the use of a lancet, slightly rusty, in the insertion of this delicate principle will be followed by the same effect; if the process of sealing a letter containing it, or carrying it a little time in our pockets, (and Dr. Walker has insisted at great length on these circumstances) will either render it wholly effete, or capable only of producing an imperfect or spurious affection; if other such trifling causes, which might be adduced, have been known to effect similar deteriorations, will it be yielding to visionary impulses, or dreaming dreams, if we ask Dr. Walker, with all the soberness and seriousness which the nature and importance of the question demand, whether such *breakings down of the pocks, in all their stages, from their first formation till they have acquired their dimensions*, or, in other words, whether such demolitions of an animal process preparing and elaborating a principle and a fluid of these exquisite susceptibilities, can be always inflicted on it with impunity,

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punity, or without injuring, now and then, in some degree, such a product? If the vaccine vesicle, as Dr. Jenner has observed, be a congeries of cells insulated with respect to each other, must we not consider this constitution of it as a wise and beautiful œconomy of Nature for preserving its precious contents from casualty and exposure. This, undoubtedly, is the inference which Dr. Jenner draws and wishes should be drawn from it; but ample and effectual for its ends as we must conclude this bountiful contrivance generally to be, can we not as readily believe, that the *entire and repeated breakings down* of the vesicle in all its stages, &c. &c. of which we have so often been guilty, must in some instances have left not *a single cell* either *uninjured or unbroken, and consequently sometimes, in some measure, defeated it?* The resources of the human constitution, in the restoration and renovation of diseased parts, and parts which have been destroyed, often claim our highest admiration and gratitude; and if, in some cases, nothing less than new exertions of creative power can effect a complete reproduction of original organization, we find, in general, however, that all the great purposes of usefulness and convenience are obtained for us; yet, it must be allowed, that now and then the powers of the constitution are inadequate to this. This it is which, I presume, sometimes happens in the practice of vaccination. We often see children scratching and tearing with their nails the early vesicle, and see it reproduced again in most instances sufficiently perhaps, and place the subjects of it in the state of incomplete vaccination; but does even this always happen? Such, however, I believe, is the antivariolous power of the vaccine principle, as it is derived to us from the Jennerian Practice, under all the rude treatment, and under all the accidents to which the vesicle has hitherto been exposed, that the great purpose, for which we have so much abundant reason to conclude it has been given us, is probably *always obtained by it in constitutions of the lowest and even ordinary variolous susceptibility.* But when it shall happen that a degree of injury has been inflicted on the vaccine process in a subject of the higher or highest variolous susceptibility, annihilating or deranging it so much, that the slightest and most imperfect impression only of vaccinity can be transferred to the system by it; is it not very reasonable, is it at all injurious to the efficiency of the principle, to expect

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pect that regular and even numerous small-pox may, in some such instances, at some future period, occur? *

The conjecture respecting the *degrees of security* given to the constitution from the *imperfect action* of virus has

* Such a case, indeed, I have at this moment (under the observation of the medical men in this town, who, as usual, kindly and powerfully assist and co-operate with me) in the child of a very respectable officer in the Dock-Yard, Mr. Wallis, foreman of Shipwrights. This child, whom I vaccinated about three years ago, has now a numerous small-pox, but perfectly distinct, and unaccompanied with a shade of danger. At the end of the fourth day, they reached their full point of maturation, and on the fifth, all those in the face were shaded, and apparently beginning to dessicate. Vaccination took place in this child on one arm only, and Mr. Wallis assures me, *that I vaccinated children from this arm at different times.* On the cicatrix the usual indents, which are considered to be the vestiges of the respective cells to which we have alluded, are very indistinctly, if at all marked, and I think I see on it some seaminess; circumstances which shew, I think, that considerable violence had been inflicted on the vesicle. Mr. Wallis formerly suffered most severely from the small-pox; a stronger impression of bad small-pox than in his face is no where to be seen. This case, therefore, of small-pox may, *I flatter myself*, without violence to probability and truth, be *referred conjointly to high variolous* susceptibility and incomplete vaccination. This conclusion directly accords with many observations and facts which are in my possession, and which, truly, have not been made out and suborned to countenance and establish preconceived theories. Facts have here preceded theories. Although a case of this description of small-pox may, in a very few instances, be admitted to happen in the way of an exception to a general law of Nature, or, perhaps, referred to variolous insusceptibility at the period of vaccination; for it may be, perhaps, allowable to conjecture if we cannot yet believe, that where variolous susceptibility *has not yet existed*, that vaccination having here nothing to act on, may have left no anti-variolous impression on the System. To return to the vaccine cicatrix, I am inclined to think that this vestige, or sequela, has not yet been sufficiently attended to, as a test of vaccination; it will admit of a few remarks at least; neither is its extent, nor its depth, nor orbicularity, so decisively characteristic of vaccinity, perhaps, as those puncture-like indentations which we often observe on it. If the vesicle has been early and repeatedly opened by art, or has accidently sustained considerable friction, the ulcerative or purulent process which often succeeds, breaks down and destroys, it would seem, the insulation or independence of the respective cells, and leaves a cicatrix with nearly a smooth unbroken surface, or at most with very indistinct traces of indentations, and sometimes leaves it a little ridgy or seamy and uneven; neither, I believe, will these indents be seen in those cicatrices, however deep and extensive they may be, which follow those pustulous or spurious affections now and then occurring in the practice of vaccination. At present, therefore, I believe, that if these indentations are distinctly marked on a surface not less extensive than that of a split pea, we have a correct and satisfactory information of *complete vaccination.* Instantly and most gratefully, God knows, I shall relinquish these and any other ideas I have at any time advanced on this subject, the moment they are superseded by more obvious, more rational, and more probable conjecture and satisfactory explanation.

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been, I believe, conceded me. I no where said, nor pretended to say, that no absorption or communication, or impregnation, or whatever it may be, takes place before the eighth day of vaccination. No man, indeed, is more convinced of the contrary fact; in pages 37 and 38 of a relation of some circumstances connected with vaccine inoculation which lately happened in this neighbourhood, and published by me about two months ago, I have adduced some arguments and facts to prove this; and stronger than these I can adduce: I will mention one which is well known; if we vaccinate a child to day in one arm, and the same child on the other arm four, five, or six days hence, the vesicle on the latter will, by the time that on the former is completely formed, have overtaken it. Now this cannot happen if the system is not under some vaccine influence at the time of the second inoculation. But I have said, and I repeat my assertion and belief at this time, that *all the effects* of the process of vaccination *derivable in and necessary for some constitutions, are not completed before nor at this stage* (the eighth day) *of the vesicle, where this has been previously and repeatedly ruptured, nor always where it has been preserved uninjured and unbroken to this period of the process only.*

Dr. Jenner's experiments, therefore, with caustic on the eighth day of the vesicle, in two subjects, are most unnecessarily, and without the least application, brought so triumphantly forward, for these only serve to prove what I have already steadily endeavoured to establish. But had Dr. Jenner, in conducting these experiments, chanced to have fallen on two subjects of high variolous susceptibility, and it may very poperly and fairly be added too, had the vesicles been daily broken down from their earliest formation, until the eighth day of their growth, (with respect to these latter circumstances, Dr. Jenner is silent in his account of the experiments) some secondary variolous affection, I have no doubt, would have taken place; and on this ground, I entertain as little doubt, that in a succession of two-hundred such experiments at most, secondary and numerous variolæ would have occurred; in general, however, I believe the subjects of such experiments will enjoy many, if not all the advantages of complete vaccination, viz. complete protection in by far the greater number of instances, and exemption, probably, from danger in all.

When Dr. Walker thought it would serve him to glance at my late pamphlet, and tell your readers what they knew

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indeed before, that in reviewing it you had observed, it contained several pages of theory and some of hypothesis, it certainly did not suit his views to remind the of what you further announced, at the same time, that the pamphlet contained *facts in which the whole world was concerned*; than which, I have always thought, a greater commendation of it could not have been given. To every man of the least reflection, it must unquestionably appear, that my faith in the practice of vaccination is not less than that of Dr. Walker, or any other vaccinist. But it will be seen also, that I have always endeavoured to rest my faith here on principles and foundations as physical and rational as possible; and if my humble and honest attempts to place this valuable discovery on such grounds shall prove entirely abortive, I have no doubt that my object and endeavours will be considered by some sober friends of vaccination at least as commendable, by none, assuredly, so visionary and terrifying, as Dr. Walker's imagination has drawn them. When I suppress or distort a fact, my hand, I hope, will cease to direct my pen.

As Dr. Walker is a plain man, no doubt loves truth, and, I heartily believe, means well to vaccination, he will receive the following information as a mark of respect for and attention to this practice, which is intended by it; and not as an incivility directed to himself, which is wholly disclaimed:—that at Plymouth we have for some time thought he has not, with respect to vaccination, put himself in the best posture of defence, nor selected the most effectual and approved weapons. When my avocations permit me, I shall not, I believe, decline with Dr. Walker a candid and generous discussion of any circumstances connected with vaccination, which may arise in course of our respective practices. As a preliminary arrangement, however, in favour of the Journal, and the patience of its readers, let us not hereafter talk a great deal about visions, and veins, and notions, and nonsense! but let us recollect that the times and circumstances are critical and imperious; and therefore, on the score also of science, of vaccination, and our own credit, demand every consistency in conduct that can possibly be observed. A fine example for our imitation presents itself in Dr. Jenner, of whose valuable friendship and luminous correspondence, with equal pride, happiness, and gratitude I mention it, my late papers have not for a moment deprived me.

RICHARD DUNNING.

Plymouth Dock, May 13, 1805.

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

"Sic ego, majoris fugiens opprobria culpæ
"Frontis ad urbanæ descendi præmia."

FEW possess less inclination to enter into a polemical controversy on the construction of an obscure passage, than myself; but as I am accused of "being guilty of misrepresenting the meaning of an author,"* I solicit your indulgence to an explanation.

Mr. Whately, in a publication replete with much ingenuity, has endeavoured to inculcate the doctrine that gonorrhœa venerea is frequently attended with ulcerations in the urethra. In confirmation of this opinion, he has not only appealed to his own experience, in which he asserts he has had occular demonstration of their existence, but he further corroborates this opinion, by reference to some respectable authorities.

I will not question the accuracy of his observations, nor can I doubt the respectability of his authorities. That ulcers occasionally present themselves in the urethra, will not be denied; but it does not follow that these ulcerations are the necessary consequence of a gonorrhœa. The ingenious gentleman and myself, differ not so much about the *existence* of ulcers, as we do about their *production*. I have elsewhere,† briefly enumerated the various causes that may be supposed to contribute to this diseased state of the urethra; but it is extremely dubious, whether gonorrhœa may be considered as one.

At the present improved period of our anatomical knowledge, it will scarcely be doubted but that a puriform matter may be secreted from an inflamed surface, without any disorganization of structure. In catarrhal affections attended with an increased discharge from the Schniederian membrane, few, I believe, suspect the existence of ulceration in that delicate membrane: so, in the gonorrhœa, the dissection of executed criminals, as well as a variety of other cases, clearly demonstrate, after the most accurate investigation, that ulcerations in the urethra

* Vide Medical and Physical Journal, No. 74, p. 393.

† Platt's Inquiry into the Efficacy of Oxygen in the Cure of Syphilis, p. 90.

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thra during this stage of the disease, rarely ever occurs.

If more correct information than I have hitherto acquired, should detect the fallacy of my present opinion, I will willingly relinquish it; till then, a steady adherence to it, will not, I trust, be considered too pertinacious.

I am, &c.

Great Surry Street, May 1, 1805. CHARLES PLATT.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE ingenious Mr. Cuming, to whose valuable communications the medical world is much indebted, has, in a concise and well-written paper, on the "Use of Mercury in Venereal Affections," so compleatly delivered my sentiments, as to leave but little for me to say on the subject, except that of assuring him of my hearty concurrence in all he has advanced, and how often I have lamented what he has now so well expressed and commented on. I have ever been of opinion, that mercury, for the cure of Syphilis, is often rashly ordered, and inconsiderately persisted in, under peculiar circumstances, which, judiciously considered, should forbid its use, and be superseded by more appropriate remedies. In every consideration respecting the use of mercury, but one, Mr. Cuming has most ably anticipated me; and I feel greater pleasure in referring the reader to his truly-excellent observations, than to any of my own. The one he has unnoticed is, the use of this medicine during the inflammatory stage of that disease. On this subject I beg leave to offer a few remarks. Before I commence, I request to be indulged while, in order to prevent unnecessary quibbling about words or terms, I explain what I mean by the "inflammatory stage." The appellation may or may not be proper; I use it, however, simply to express the inflamed state of a venereal bubo, or of a venereal node; and when, in the course of this paper, I use the word inflammation, I beg to be understood that I consider it in that light and in no other.

Whenever the venereal disease is attended with inflammation, I believe the exhibition of mercury to be hurtful and injudicious; and I have no hesitation in saying, that,

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in all such cases, the use of this powerful medicine should be suspended, and not had recourse to, until that inflammation is subdued by antiphlogistic remedies. Mercury acts as an irritant, and cures the disease by exciting irritation and fever; and though it will remove a venereal action, yet was it never known to lessen an inflammatory one; exhibited then where inflammation prevails, it can only increase it, and exasperate the disease; yet what so common, as to see practitioners freely using mercury in irritable people labouring under a highly-inflamed bubo or node? or who has not seen the same practice pursued in dangerous cases of phymosis and paraphymosis? Why is it we so repeatedly see suppurated, ulcerated, and phagadenic buboes? The answer to this query is simple: the consequence of the imprudent use of mercury, resolutely continued, in spite of excessive debility, high inflammation, threatened suppuration, or indeed any other impending evil, clinging to it, as if it were a sheet anchor on which all their dearest hopes rested! In the incipient state of a bubo, or a node, the administration of mercury is vindicable and proper, and, where no untoward symptoms present themselves, its use should be persevered in as long as may be deemed requisite; but if, on the other hand, the tumour becomes painful and inflamed, then should mercury be laid aside, and not again resumed until the inflammation has been removed by proper means; for what so likely to increase inflammation, and produce suppuration, as mercury, a medicine highly irritable? or what can have a worse effect, in occasioning an unfavourable disposition in a suppurating sore, than mercury? Mercury then, whenever inflammation appears in a bubo, should not be used. If we succeed in discussing this inflammation by antiphlogistic means, it is well; again we may resort to a guarded exhibition of this remedy; but if we fail in this, and see suppuration approaching, still we forbear from mercury; we hasten this process by warm applications; we make an early opening into the part; we continue them till all inflammation has left the sore; then, and not before, we return to mercury, and continue it according to circumstances. A celebrated physician, while condemning the free and unguarded use of port wine in uterine hæmorrhages, says, "no matter whether the pulse is a menorrhagic or a weakened one; still red wine is indiscriminately given." With much propriety may we parody upon this, while speaking of the use of mercury in venereal affections: no matter whether the disease be attended with inflammation, debility, or any other unpleasant

pleasant circumstance; still mercury is indiscriminately administered.

Some may cavil at what I write, and urge, in opposition to what I have asserted, that they have seen patients quickly recover under the practice I am now condemning. This I will not deny. On the contrary, I have frequently seen it myself; but, be it remembered, they did not receive their cure by good, but in spite of maltreatment. I might adduce many cases, if indeed any were necessary, to prove the superiority of the practice I am now recommending; the relation of one shall at present suffice:

A gentleman applied to me last winter, affected with a large chancre at the extremity of the urethra, accompanied with a bubo, considerably inflamed, and bearing indistinct marks of suppuration. The routine of practice I had been witness to in the early part of my life, would have induced me to have had immediate recourse to mercury; this plan of treatment, however, I did not pursue; I advised the black wash to be applied to the chancre, the application of warm poultices to the swelling, and a purge the succeeding morning. In three days the bubo was opened with a lancet; in three more the poultices were discontinued, and the tumour free from inflammation. Now I began with mercury; at this time the chancre was partly healed by the application of the calomel wash, and in less than three weeks he was compleatly well; nor was there the least vestige of the bubo remaining, except the scar made by the lancet. Had I in this case given mercury, in the first instance, I question much whether the cure would have been so speedy.

Speaking of mercury, it may not be foreign to the present subject, to consider what form of it is best adapted for the cure of syphilis. From observation, I am inclined to yield the palm of preference to mercurial frictions; this I conceive to be a safer and more accurate way of conveying mercury into the system than any other. The addition of a little camphor to the ointment I would advise, as tending much to facilitate absorption. Next to mercurial frictions, in my estimation, stands the blue pill. Other forms of mercury there are; but these are more or less doubtful: among the principal of these are, corrosive sublimate and calomel. Corrosive sublimate, though less certain than frictions or the blue pill, is yet a valuable medicine, particularly when it is necessary to saturate the constitution with mercury speedily, as in deep corroding ulcers, or venereal blotches; and in venereal ophthalmia, I have been

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assured it is of infinite service. Calomel is a violent and unsafe remedy, and, in my opinion, not to be relied on for the cure of this disease. It has fallen to my lot to have seen this medicine repeatedly used in venereal complaints; sorry am I to say, often unsuccessfully. I have not unfrequently seen secondary symptoms in the course of a few months succeed primary ones, after a supposed cure by calomel.

It has been dogmatically decreed, by very high authority, that lues venerea is never attended with constitutional action. On this point there still remains great diversity of opinion, and probably this long-debated question may never be compleatly decided. From a minute retrospect of this disease, one would, upon a review of certain circumstances, be induced to dissent from this opinion, and believe syphilis to be really attended with constitutional action. This idea receives considerable strength from observation; for in the intermediate time of primary and secondary symptoms, it is no very unusual thing to see patients labouring under constitutional ailment, without knowing what cause to attribute it to. A singular case of lues venerea, which happened within the sphere of my own knowledge, in my mind strongly corroborates this idea.

A gentleman, who had formerly been the subject of chancre, but of which he believed himself perfectly cured, suddenly began to lose flesh, and find his general health gradually impair, with slight attacks of fever in the evening. Unconscious of the cause, he sought no advice, and thus went on for a few months, evidently sinking under ill health, with regular febrile attacks. It happened that he was under the necessity of performing a long journey in a carriage, where, being much exposed to night air, he caught cold, and found considerable uneasiness in his throat. This attracted attention: and on examination, upon his arrival at an inn, he, to his inexpressible surprise, discovered a large venereal ulcer, which had destroyed nearly one half of the tonsil gland. This explained the true nature of his complaint, and in due time mercury effected a cure. Here then is an instance of lues venerea preceded, for months, by constitutional action! I must confess, I should like to know if Mr. Cuming's ideas coincide with mine, respecting the use of mercury in those cases of the venereal disease attended with inflammation.

Though, Gentlemen, I do not conceive gonorrhœa to be venereal, or to require mercury for its cure, yet it may not be superfluous briefly to recite a curious case of one, which lately

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lately happened under my care; curious, as it is a proof of the disease occuring six weeks and three days *post coitu*.

A young man, of an indolent though healthy constitution, had connection with a female, on the 27th of December, 1804, and, on the 10th of February, 1805, he became the subject of a virulent gonorrhæa, denoted by intense ardor urinæ, excessive discharge, and violent chordee. During the intermediate time, he had no intercourse with the sex whatever. Of this I am as certain, as if it had occurred in my own person. He had been thrice before the subject of the same disease; each of which appeared in the course of twelve days.

I am, &c.

Sunderland, May 7, 1805. G. P. DAWSON.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

BEING a well-wisher to society, I have taken the liberty of communicating some practical remarks, which, if you think worth noticing, you will have the goodness to insert in your very valuable Journal.

As medical men are occasionally called in to relieve *immediately, if possible*, internal inflammatory affections, I have found, after bleeding and emptying the bowels, the application of a small cataplasm spread on leather, or callico, composed of flour of mustard and vinegar, applied near the part, answer a much more immediately good purpose than the emplast. cantharid. by producing in a much shorter space of time a greater degree of external inflammation, and vesication if required, without affecting the urinary passages.

In cases in which poultices are necessary, the patient too often continues longer suffering by not having them very frequently changed; perhaps from not attending to the proper time of removing them, the difficulty of procuring bread and milk to form them, or other causes, a bullock's bladder, partly filled with water sufficiently heated, tied at the top, applied next the skin and covered with flannel, answers every good purpose: it retains its heat a length of time, and can easily be changed with little trouble and expence. I am, &c.

Westerham, March 24, 1805. J. BETHUNE.

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CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

A Treatise on febrile Diseases, including intermitting, remitting, and continued Fevers, eruptive Fevers, Inflammations, Hæmorrhages, and the Profluvia, in which an Attempt is made to present, at one View, whatever, in the present State of Medicine, it is requisite for the Physician to know, respecting the Symptoms, Causes, and Cure, of those Diseases: with experimental Essays, on certain febrile Symptoms; on the Nature of Inflammation; and on the Manner in which Opium and Tobacco act on the living animal Body. By A. PHILLIPS WILSON, M. D. F. R. S. Edinb. Fellow of the Royal College of Physicians Edinburgh, &c. Vol. IV. 8vo. pp. 740. Winchester.

At length, the fourth, and last volume, of this useful compilation has appeared; nor have we any reason to recommend it less to our readers, than any of the former. We wish, indeed, the printing had been more correct. For this deficiency, an apology is made, that the author was deprived of the opportunity of superintending the press. But, if a proper printer could not be procured in Worcester, 'tis pity a medical friend in Winchester could not have assisted in this necessary office. Nearly a page of two columns of errata is marked; and these make very few of the numberless errors; from which, our readers will scarcely believe, even that the title-page is not free.

This volume contains the fourth section of chap. ix. on *Cynanche Trachealis*, or Croup; x. *Pneumonia;* xi. *Peripneumonia* Notha; xii. *Carditis and Pericarditis;* xiii. *Gastritis;* xiv. *Enteritis*, xv. *Acute Hepatitis;* xvi. *Chronic Hepatitis;* xvii. *Splenitis, Nephritis, Cystitis*, and *Hysteritis;* xviii. *Rheumatism;* xix. *Gout*. Book ii. consists of *Hæmorrhage, Phthisis Pulmonalis;* of *Profluvia*, which is confined to dysentery, and finishes the work on febrile diseases. An appendix follows, as mentioned in the title.

Of the volume in general, suffice it to say, that it is got up with the same diligence as the former; contains the same extent of reading, the same display of authorities, and the same judicious remarks, on all that are quoted. If the author has been less successful in maintaining his own theories, than in detecting the errors

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errors of others, in this respect he only stands on the same ground as most of his brethren. As the work professes but little novelty, we shall select those articles which, on account of late controversies, are the most interesting.

In the first article, *Cynanche trachealis*, we have a very accurate account of all the symptoms, and a collection of almost all the authorities worth producing on the subject. The author has chosen to blend acute asthma with it, on account of the similarity of many of the symptoms and method of treatment in each. In considering the remote causes of both these diseases, indigestion is admitted, on the authority of Dr. Underwood, as one of the causes of croup; and Dr. Millar is said, "with great probability, to rank laxity of the solids, indigestible ingredients in the food, and a morbid weakness of the digestive organs, among the exciting causes of acute asthma. This kind of climax, or ringing the changes of laxity of solids, indigestion, &c. is, in our opinion, ill suited to the dignity of a work which undertakes to teach practitioners how to reason. The subjects of croup are more commonly stout, healthy children; and the inflammation is of that kind which, in a particular manner, marks strong vascular action. Laxity of solids, and indigestion, may be considered as causes of any thing, or of nothing; for the first is an expression of uncertain import, and the latter may be assumed whenever a practitioner thinks proper. Even where we find it an attendant on acute diseases, it is more commonly the effect than the cause. We have been the more careful to mark this, because it cannot but influence the practitioner in his mode of treatment. Dr. Wilson, with much propriety, urges evacuations, particularly free blood-letting, if the physician is called early enough to arrest the inflammatory symptoms. But, if we attend to the appearance on dissection, and the proximate causes, they must surely instruct us somewhat, in tracing the remote cause.

"On laying open the trachea of those who die of the croup, there is a membrane lining but scarcely adhering to it, for it may always be easily separated without destroying its shape. It comes out in the form of a tube, exactly adapted to the cavity it lay in. In many cases, indeed, it cannot be said to adhere at all; and there is a considerable quantity of puslike matter, lying between it and the the sides of the trachea. This membrane often extends beyond the division of the trachea, lining the large branches of the bronchiæ, and loosely adhering to them. The purulent matter extends beyond the membrane, often into the smallest branches of the bronchiæ, and even, in some instances, into the air vesicles. Mr. Wood found it in these vesicles, in the 7th and 8th cases, related by Dr. Home. On removing it, there is no appearance of ulceration in the coats of the trachea and bronchiæ; but the traces of inflammation are, in general, very obvious, and sometimes extend, Burserius observes, to the very extremities of the bronchiæ. It has sometimes happened,

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as in more than one dissection recorded by Dr. Home, that no traces of inflammation could be observed; but this is comparatively rare.

"By squeezing the lungs, a considerable quantity of a whitish, glutinous fluid may sometimes be forced out. In different cases of the cynanche trachealis, the lungs assume, according to Burserius, all the different appearances observed after pneumonia, which are soon to be laid before the reader. Sometimes, however, they are quite sound. The appearances of the lungs, in those who die of the croup, Michaelis observes, are various: sometimes they are sound; sometimes slightly inflamed; sometimes there is a sanious matter extravasated in different parts of them; sometimes the matter found in them is purulent, and sometimes merely a watery fluid, the quantity of which is often considerable.

"Small polypous concretions are often found in the vessels of the lungs, and in the right side of the heart; never, Burserius observes, in the left side, or in the aorta. These concretions, I have already had occasion to observe, seem to be formed in articulo mortis; and the reason of their not being found, in this case, in the left side of the heart, seems to be, that the blood is chiefly collected in the right, as happens in all cases where death is induced by suffocation. It is also owing to the dyspnœa which precedes death, that the vessels of the head are generally found very turgid in those who die of the croup.

"The preternatural membrane presents different appearances, in different cases. Sometimes, Michaelis observes, it is as thin as paper; in other cases, so thick, that it almost fills up the whole cavity of the trachea. It is often of different thickness, in different parts; and the thickest part is sometimes the uppermost, and sometimes the reverse. In some cases, it is soft and pulpy; in other cases, so firm and tough, that it will bear maceration in water for several days; but however tough it is in the trachea, it becomes more tender in the bronchiæ, and is always soft before its termination. In some cases, it is quite white; in others, marked with red spots; and it is now and then uniformly of a dark colour, and sometimes even black. Some have thought this membrane possessed a vascular, others a fibrous structure; the former opinion appears erroneous, and the latter is not confirmed by general observation."

On the proximate causes, we have the following remarks, from different writers, and our author's conclusions:

"It is necessary to say something of the different opinions which have prevailed, respecting the nature of this complaint.

"With regard to that which refers its seat to the lungs, and attributes it to an inflammation of this viscus, it will readily be admitted to deserve no attention.

"The first probable opinion, suggested on this subject, was that proposed by Dr. Home. He believed the first seat of the dis-

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ease to be in the mucous glands of the trachea, which he supposes are excited to pour out an unusual quantity of mucus. 'When there happens,' he observes, 'a very great secretion of this coagulable fluid from the glands of the trachea in children, they are either not sufficiently attentive, or too young to spit it up. The thinner parts are carried off during expiration, while the remainder is thickened and compressed, by the obstruction which the narrowness of the glottis opposes to the exit of the air from a larger canal. Every circumstance,' he continues, 'encourages its concretion into a solid, firm membrane; while the more internal parts of the mucus continue still fluid, and the continual secretion of more keeps it separated from the parts below.'

"But Dr. Home explains the conversion of this mucus into pus, by experiments of Sir John Pringle; the inaccuracy of which I have already had occasion to notice. We have seen, besides, that the membrane may be formed without occasioning symptoms of croup; which, on the other hand, may exist without the formation of any membrane."

Dr. Rush's opinion follows; but this the author very properly considers as formed before Dr. R. had properly discriminated the disease. Michaelis considers the membrane as the cause of the disease; and that it is formed in the same manner as the polypi, found after death in the larger vessels. Our author very properly shows, that if the membrane is (like polypi) the effect of the coagulation of lymph, it must be formed in a different manner from those substances which can only occur by the coagulation of blood *in articulo mortis*.

Dr. Cullen's opinion next follows; which, like most of the physiological notions of that celebrated teacher, was connected with his favourite system of spasm. As, however, evident marks of inflammation appeared, and as antiphlogistic remedies were found necessary, he admitted this spasm to be connected with inflammation. But, says our author, who seems willing to concede as far as possible on this occasion, "what proofs have we of spasm on the glottis?" He afterwards adds, "Even inflammation is not always discoverable; but," says he, "it is far from being improbable, that the patient may die after the inflammation has ceased, the effusion being sufficient to occasion suffocation."

It is much to be regretted, that the eminent physiologist of London, whom all join in extolling, is so little read, or so little understood. The writers quoted by our author could not be well acquainted with those *fundamental principles of inflammation* which, by experiment, constant observations, and a mind formed to reason on the operations of nature, were established by Mr. Hunter. But all this was accessible to our author. It is, however, fair to make some allowance for the obscurity of language, of which Mr. Hunter was always accused, and which could not fail to be increased in a work published after his death. Yet a careful examination of part 2, chap. 4 (page 240 et seq.) would at once have solved

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solved all the difficulties that Dr. Wilson met with, in reconciling the contradictory inferences drawn by his various authorities from the different facts admitted by them all. In these passages, and the others pointed out therein by Mr. Hunter, it will appear, that the different parts of the body are divided, by him, according to the nature of their surfaces, and their consequent capacity to take on different kinds of inflammation, into two orders. The first order consists of the cellular membrane and circumscribed cavities: the second, all the outlets of the body, commonly called mucous membranes; for instance, all the ducts of the glands and the alimentary canal.

The first order takes on the adhesive inflammation, in the first instance, preparatory to suppuration and ulceration. The adhesive inflammation consists of effusion of lymph; the coagulation of which, by uniting the parts together, serves to prevent the spreading of the inflammation, and, in case of future suppuration, to confine the matter from diffusing itself through the cellular membrane or loosely into the cavities. By these means, the disease is as circumscribed as possible, and the functions of the parts sustain the least injury. But, in secreting surfaces, the case is quite different. Should the adhesive inflammation take place, the function of the parts must be for ever destroyed, and the injury to the economy would be in proportion to the office of the part. Inflammation in these parts, therefore, runs immediately into suppuration, by an alteration of the secretion, without any previous effusion of coagulating lymph. There are instances, however, in which so violent an inflammation may be excited on these surfaces, as to induce a process similar in part to the adhesive inflammation; that is, instead of the suppurative process, or the change of the secretion from mucus to pus, coagulable lymph may be thrown out. But, in this case, it will not produce that general adhesion which takes place in the first order of parts. On the contrary, the lymph will either be loose in the canal, or adhering only at certain points; and, as soon as the first violence of the inflammation ceases, suppuration will commence, with an attempt to dislodge the effused coagula, by absorbing the adhering points, and by ejecting the rest by the outlet peculiar to the part. Mr. Hunter enumerates the various canals and surfaces in which he has seen this process. Among the rest, he mentions the trachea; and, to demonstrate that the difference in the effect of inflammation, in such parts, may arise from its greater violence, he produced the effect artificially, by injecting a strong solution of corrosive sublimate up the vagina of an ass. But that eminent physiologist was much too cautious to assert, because, in this instance, the effusion of coagula arose from the greater violence of the inflammation, that therefore no other cause would produce such an effect on secreting surfaces. On the contrary, he suggests, that, in some cases, the inflammation is of the erysipelatous kind; so that, should any other cause produce erysipelatous inflammation on secreting surfaces, the same ef-

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fect might follow, though the inflammation should not be particularly violent.

From these premises we may readily account for the prevalence of croup, at particular periods; as we well know, that certain constitutions of the air are productive of erysipelatous inflammation. The nature of the membrane, its consequent disappearance, and the purulent surface of the trachea, are also easily accounted for. After the first effects of the erysipelatous inflammation has ceased, if the disease is not particularly severe, the parts return to their common offices. Suppuration takes place as the effect of altered secretion, on such surfaces, and also to dislodge the parts of coagulum which adhere. Part of the coagulum is absorbed; the remainder is thrown up in different portions, sometimes so small as to escape detection, and to be swallowed by the young patient.

This knowledge of the ætiology of the disease would very much have assisted our author, in reconciling the different modes of treatment proposed by different physicians. We well know, that the endemic, at different periods, assumes different degrees of action, though the general form is the same, and, as he observes, that the different periods of the same disease require different modes of treatment. On this subject, it is but justice to add, that our author is very full and perspicuous. Perhaps he may show more caution, as to copious blood-letting, than is necessary. In the early stage of the disease, it must be continued as long as symptoms of high inflammation remain, for so long will the danger of an increased effusion of coagulum continue. Emetics also are highly serviceable, in producing a new set of actions, and on a new part of the system. However, it is unnecessary for us to dilate on this part of the subject, not only because Dr. Wilson has left little to add, but because, in diseases so violent, if the practitioner has not courage to assume a discretionary power, it will be in vain to instruct him.

We have been the more particular on this disease, because of the urgency of all its symptoms, and because, in our opinion, the causes and progress have not hitherto been marked with sufficient accuracy.

In the next chapter, on pneumonia, Dr. Wilson is particularly full. The frequent occurrence of the disease rendered this the more necessary. Throughout the whole, our author shows his former industry and perspicuity. Nor have we less to commend in his attempt at a proper distinction between this disease and the peripneumonia notha. Gastritis succeeds, and the remarks are, for the most part, equally unexceptionable. Acute and chronic hæpatitis, with inflammation of the other viscera, according to their names, follow in order; and the mode of treatment being tolerably uniform, the author very properly dismisses the latter with a few general remarks.

The subject of rheumatism our author introduces by some very judicious remarks on the modern attempts at nosology. We have often regretted the number of hard Greek derivatives which boys, ignorant of the characters of that language, are taught at one of the

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the British universities. These technical phrases are the choicest food for rearing coxcombs, whilst they prove the greatest incumbrance to the ingenuous student. But on this subject we shall leave our author to speak, who certainly would not, without reason, calumniate his *alma mater*.

"It is with little propriety, that either the chronic hepatitis or chronic rheumatism are arranged under the definition of phlegmasiæ. Dr. Cullen could not, however, have arranged them otherwise, without having made a material alteration in his system. Besides, the immediate connection of these with the acute forms of the disease, seems to afford an apology for the place which they hold in his nosology.

"The only method of forming an accurate system of nosology is, to class diseases according to their symptoms; and where we find the symptoms so dissimilar, and the nature of the complaints so much allied, we are at a loss how to proceed.

"Whatever is done in a system of practice, it would seem that in a system of nosology we ought to study the symptoms of diseases alone. If any other principle is admitted, the most dissimilar affections will frequently be classed together, according as the hypotheses of different writers lead them to conceive diseases are allied to each other. There is no better reason for arranging the acute and chronic rheumatism or hepatitis under the same order of diseases, than for arranging together any other complaints which insensibly run into each other.

"It would seem, that in forming a system of nosology, our study should be to select the symptoms which characterise each disease in its perfect form, and arrange those together whose symptoms are most similar, without attending to the various gradations by which diseases run into each other. Is it our aim, in forming such a system, to assist the learner, in enabling him to distinguish diseases? This is the simplest way. After he is acquainted with such a system, a single perusal of a system of practice will teach him the connection which diseases have with each other. This is not the purpose of nosology. Is it our aim, in forming such a system, to assist the practitioner? This is the way in which we shall be most successful. I have frequently had occasion to observe, that where the symptoms are similar, the modes of treatment generally are so likewise. Even according to this plan, indeed, we shall often class together very different diseases, because in their most striking features they agree. Synocha and typhus are classed together, notwithstanding they are very dissimilar in their mode of treatment. But by classing diseases merely according to their symptoms, we shall, I believe, class together a greater number of diseases whose treatment is similar than by pursuing any other method.

"To see into what errors our best nosologist was led, by losing sight of this principle, it is only necessary to peruse Dr. Cullen's order of Spasmi. It looks like a common receptacle, for the refuse of

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of the whole nosology. This order is ready to receive every disease that is rejected by the others. Where is the similarity between hydrophobia and diabetes, between cholic and hooping cough, between dyspnœa and epilepsy, &c.? It may be affirmed, I believe, that there is no person, unacquainted with Dr. Cullen's peculiar opinions, who can point out for what reason these complaints have been classed together. If he was at a loss where to arrange any disease, it was only necessary for him to call it a spasm, and it found a place in one of the chief orders of his nosology.

"No attention to symptoms of diseases, perhaps, will enable us to form a perfect system of nosology. The difficulties are far greater than at first sight they appear to be; but there is reason to believe, that, by steadily pursuing this plan, we may approach more nearly to such a system than has hitherto been done. If this plan is confessedly the best, ought we not to proceed on it as far as we can; and when we meet with difficulties which cannot be overcome, point them out, and leave them to be removed by future observation, rather than give our systems the appearance of being complete at the expence of truth, or of proceeding on a principle which can be of little or no use either to the student or the practitioner. However ingenious, nay, however just a theory may be, it should have no place in a system of nosology, which is a mere classification of terms, whose sole objects are to give accurate definitions of the names of diseases, and class together those definitions which most resemble each other."

Our author proceeds to shew, that Dr. Cullen's definition of Rheumatism is defective. He then enters on a description of the symptoms, and follows the subject according to the order he has pursued in the rest of the work. The reader will find many useful remarks; and we particularly approve the cautions against a too long continued use of the lancet. If early copious bleedings do not succeed, the disease must be considered as chronic, and treated as such

Under the article gout, we are glad to find our author not only copy Sydenham's *picture*, but also acknowledge the obligations he owes. This he very properly accuses most writers, and, among the rest, Dr. Cullen, of neglecting. It is strange, that on subjects of philosophy men should not be anxious to strengthen themselves by such an authority, or that they conceive it possible their plagiarism would be overlooked when the sources are not only open to, but explored by every one.

Dr. Wilson is very careful to follow Sydenham throughout; and whilst he boldly asserts that gout is not to be ranked with common phlegmasiæ, instead of pointing out the difference, he satisfies himself with proving, from the authority of his guide, that bleeding is rarely to be admitted. At the beginning of the work a caution is prefixed, lest any thing here said should seem to reflect on Dr. Kinglake, whom our author asserts he had not read when his remarks were written. There can be no doubt of this, as no

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mention is made of the exhibition of cold water in this disease; a controversy we are the more surprised to see overlooked, as the practice is much older than the present generation. The whole of this section is fuller of caution than information. Whatever has been observed by others is faithfully recorded, excepting indeed, that the great pattern proposed for our imitation is not sufficiently followed through his manner of treating himself. Under the suspicion of a stone in the kidneys, Sydenham informs us, it was his custom to take a purge once a week, and this he did without any greater recurrence of gout, than what was easily obviated by an opiate on the evening after taking his purge. It is not our business to reconcile the discordant opinions which have ever been promulgated concerning this disease; and we are ready to give our author credit for the impartiality with which he produces authorities from all quarters. But we wish he had done this, reserving his remarks till the conclusion. His own opinion might then have been fairly canvassed. Instead of this, we have, at the close, or in the midst of each writer's practice, a set of bye remarks, which show the author is averse from all bold remedies. Cold, being the most successful of all, he considers as the most dangerous; and concludes with admitting flannel and well-combed wool as the safest topical remedies, because, if they do no considerable service, they at least do no harm. We shall conclude our remarks on this chapter, by wishing that our author had consulted Dr. Hebberden's commentaries before he finished this part of his work.

The chapter on hæmorrhage affords nothing new. That on phthisis pulmonalis is very full, but chiefly of the observations of other writers.

Under the article profluvia, we have an ample description of dysentery, with the opinions of a variety of writers, and some good remarks of our author. We must, however, except his extreme caution on the subject of blood-letting. For common practitioners these cautions may be of little consequence, as the disease is rarely serious in these temperate regions, as long as men live in what may be a natural state of society. But in the warmer climates, in camps, or in that unnatural state with which the military life is attended, early and free bleeding is often necessary, to arrest the violence with which every disease assails a constitution under such circumstances. A great deal of the contrariety of opinion remarked by Dr. Wilson might have appeared less striking, if he had considered that he was quoting two distinct classes of writers, the military and civil physicians.

Among the cathartic remedies, our author considers ipecacuanha, in small doses, as the most deservedly celebrated. He is, however, much more sparing, in producing his authorities for this, than in favour of other remedies. In his own practice, he discovers something more than a mere cathartic quality in ipecacuanha, viz. "the relaxation it produces on the skin, which is always accompanied with a tendency to similar relaxation in the alimentary canal."

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canal." That is, if we understand him, that the great increased action of the intestines is diminished; and for this purpose the remedy was usually exhibited, till Dr. Cullen gave it as his opinion, that it had no virtues but that of purging. This is, however, by no means certain. The cathartics produce their effect by restoring, in some measure, the natural action of the peristaltic motion, and by lessening the tendency to inflammation. Ipecacuanha, by its nauseating property, lessens the high irritation and consequent unnatural action of the canal. For these reasons, the latter is found a very feeble remedy in camp dysenteries, though highly serviceable in common practice

An appendix is added to this volume, containing three essays: two of them experimental; one on the manner in which opium acts on the living animal body, the other containing similar experiments on tobacco. In the first, the author examines, with much candour, what has been done by his predecessors, and afterwards adds his own experiments. The result of the whole is, that opium produces no effect but on the parts to which it is substantially applied, either by immediate apposition, or by the absorbents and blood-vessels; that is, that when it affects the head it must be injected on the brain, or carried thither by the blood-vessels: that if it affects the heart, when injected into the abdomen, it arises from the extreme vessels being paralyzed, and the blood, in consequence, accumulated in the heart; that the nerves are only affected as they come in contact with the opiate solution itself, and not by sympathy.

In the experiments on tobacco, similar results followed.

The third essay is on the doctrine of sympathy of nerves. This abounds with close reasoning on well-established facts. Without doubt, the sources of sympathy are various, seemingly dependent on absorbents and other vessels, as well as nerves, and, in many cases, we are apt to confound associations with sympathy.

Such are the contents of this useful volume, which we heartily recommend to the young practitioner. Impartiality, however, obliges us to dismiss the article with two remarks. The first is, that, in most acute cases, we discover too much caution in the treatment of early symptoms, without impressing the young practitioner sufficiently with the importance of decisive measures during that period of the disease. The second is, that, though, by the number of quotations from all quarters, it is evident the whole has been compiled with much diligence, yet the inattention to modern authorities makes us suspect the work has been concluded several years ago, and, in the revision, that the author, probably on account of professional engagements, has not sufficiently attended to contemporary writers.

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A General Treatise on Cattle, the Ox, the Sheep, and the Swine, comprehending their Breeding, Management, Improvement, and Diseases; dedicated to the Right Honourable Lord Somerville. By JOHN LAWRENCE, Author of the New Farmer's Calendar, Modern Land Steward, &c. &c. Octavo, pp. 635. London.

THIS appears to us, a good practical book. We pretend not to be competent judges of farming; but we have been much struck with the medical department, which is divested of the nonsensical physiology of pretenders to a knowledge of the diseases of cattle. The descriptions of some of the maladies are too short, but they are not likely to mislead any one by the obscurity of the language, nor to puzzle a clown or make a philosopher smile by the wildness of the theories. The proposed remedies are also simple and rational, and we hope, in the next edition, the work will be extended to two volumes, and this department proportionally enlarged.

A Botanical Dictionary, or Elements of Systematic and Philosophic Botany. By COLIN MILNE, LL. D. Author of Institutes of Botany and Habitations of English Plants. Third edition, revised, corrected, and very considerably enlarged, illustrated by twenty-five plates. Octavo. London, 1805.

THIS work contains a great deal of Botanical information, conveniently disposed and accurately compiled. The plates are well executed, and very numerous, the style simple and clear, the descriptions accurate, the remarks well founded, and the arrangement as compleat as the nature of the performance admits. We think, however, this edition might have been enlarged in some parts without injury to the purchaser.

Under the article "Sexes of Plants," we were surprized to see no notice taken of Spalanzani's numerous experiments. Mr. Knight's experiments too, of impregnations with different pollen, should have been at least hinted at. Whether all the advantages the inventor promises have been experienced by others, we have been unable to learn.

With all these and other smaller omissions, we congratulate our readers on the appearance of this edition, and recommend it to their perusal.

Dr. Jackson, on the Treatment of Fevers.

(Continued from pp472.—475.)

When due preparation has been made by unloading the sanguiferous system, when necessary, and clearing the primæ viæ, Dr. J. proceeds to his grand remedy, BATHING. In his hands this appears to be almost a specific. Dr. Currie had informed the public, in England at least, of its great utility in the cure of fever, when certain

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certain conditions are present, and of its danger when other conditions are present; but Dr. J. has taught us how to produce by art those requisite conditions, by which means the utility of bathing is rendered almost universal. Although this veteran in febrile practice has much improved every part of the treatment of these formidable diseases, yet we consider his mode of applying water as by far the greatest improvement that he or any other practitioner ever made. Impressed with this conviction, our readers will naturally expect a pretty full detail of his instructions and discriminations on this subject. We shall not disappoint them.

" When the perverted motions which obtain in fevers, or rather, in which fevers consist, have been arrested by the effects of bleeding, emetics, or other means; or, though the motions be not actually arrested, when susceptibility of impression has been restored, by these and other suitable processes; the next, the great and the final effort, is directed to the means of bringing back a movement, similar to that of health. When the impression of the cause of diseased motions has been removed; or when the condition, under which it acts, has been changed, or weakened, the application of the common stimulants of life is often sufficient to recall the natural movements of the machine. Where this is not the case, and there are many instances where it is not, the attainment of the effect is committed to other powers. Of these, bathing, that is, the application of water to the surface of the body, alternately warm and cold, has a powerful operation; and it is considered, with justice, as a most powerful means of originating new motions. This remedy has been known since the time of the Emperor Augustus; and its use and management were well known to Galen, and well defined by him. It farther appears, by the relations of travellers, to have been, and to be even now, a practice with several of the Eastern nations. It was tried by Dehahn at Warsaw, in the year 1737; and rubbing of the body with snow, a process somewhat similar, but still more effectual than cold bathing, was employed by Samoilowitz in the plague of the year 1771. These facts existed, but they seemed not to have made any impression; for bathing in fevers, has not been reckoned among the regular means of regular physicians, till very lately. It has now attracted some notice in England,—a notice chiefly due to the popular manner in which the subject has been treated by Dr. Currie, of Liverpool; for though the remedy has been employed by the author for near thirty years, that is, since the year 1774; and though the knowledge of it has been before the public since the year 1791; as well as that the fact had been communicated to several persons before that time; it is not probable that it made much progress, in consequence of his recommendation.

" In the year 1774, cold bathing was not a remedy commonly recommended by medical teachers, or medical writers, in the cure of fever. The hint, here acted upon, first suggested itself

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from the relation of a fact mentioned by a seafaring man, who had been master of a transport ship at the siege of Havannah. In noticing cursorily, among the events of that service, that several of the men, who were on board of his ship (which was a kind of hospital ship), threw themselves into the sea in the delirium of fever, that some were drowned, that others were recovered from the waves; it was asked, if he recollected what was the effect upon health. He had noticed the fact, and remembered the event:—the delirium ceased, and the greater number recovered. The fact, which was candidly expressed, made a strong impression. An opinion was suggested by it, and that suggestion was strengthed by an event which occurred in the island of Jamaica, early in the year 1774. A negroe child was lying in a piazza, apparently within a few minutes of death, in the secondary fever of small-pox. A pail of water was by chance at hand, the presence of which probably connected the ship-master's relation with the present case. The negress who attended the child was desired to sprinkle its face and breast. It was done;—the effect was striking; for the apparently dying object was instantly revived. The effect, however, was only temporary; the former state recurred again; the affusion was repeated, and the effect was similar.—By repeating this process at intervals, life was preserved for upwards of twelve hours, when apparently it could not have gone on, without such means, for as many minutes. The effect was singular,—similar to what follows the affusion of cold water upon a dying fish, the subject of the experiment reviving and sinking alternately, according as the means were employed or withheld.

"With the relation of what happened at the Havannah in mind, and the example of what happened to the negroe child before the eye, the subject of cold bathing strongly attracted the author's attention. The practice, in short, was adopted by him in the year 1774. It was tried without fear; and the effects were favourable beyond expectation. It was employed freely in the West Indies: and it was even tried in England, prior to the year 1791, though only in a few instances; for the prejudices against such a remedy were not so easily to be overcome. The experiments of the practice have, however, been so numerous, and the proofs of the benefits so multiplied, so varied, and so amply extended in different climates, and in different conditions of disease, during the late war, that the memory of what happened in the preceding period may be allowed to be superseded, or blotted out. Since the year 1791, that the author's treatise on the fevers of Jamaica made its appearance, his experience has been exercised in an ample field; and his opportunities of witnessing the effects of bathing, have probably been greater than those of any other person in Britain, probably than any other person in Europe. Without predilection in favour of a remedy, of which, though not the discoverer, (for the discoverers are not of this age or country,) he

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he assumes some claim in defining the principle which ought to direct the application; he does not hesitate to say, that, if there be a charm among the means employed for the relief, or abrupt cure of fever, it is found in a judicious management of warm and cold bathing. The proofs are not confined to solitary instances; for it has occurred almost daily, that persons who had entered the bathing room, under symptoms of the most threatening aspect, have demanded their clothes, that they might return to their military duties, after the routine of operation performed in this place was completed, — a routine, of which bathing was the last and most important part. In fevers of a certain form, in a certain stage of progress, or after a certain preparation, the effect is generally decisive of health.

" But in order to be able, in all cases, to employ so powerful a remedy with advantage, it is previously necessary to investigate minutely, and establish demonstratively, the principle upon which it acts fundamentally, as well as to define correctly, the circumstances, which favour or oppose its successful operation. Bathing, like every other power in nature, acts upon the excitability of organism, and produces, more obviously than most others, an effect upon organic movement. It is immediately applied to the surface of the body, it consequently acts upon the surface, and produces effects, corresponding with its own power, and the capacities of the part upon which it acts. From attending minutely to the circumstances of the conditions, in which it appears to produce the greatest change or greatest good; susceptibility of impression, with a power of producing action, termed excitability, seems to be that alone, which is uniformly and radically connected with its operation. According to the degree of this condition may be estimated, *à priori*, the effect of the means. The means are in this case applied to the surface; and as the change produced, is in proportion to the power of the cause, and the condition of excitability of the part, to which the cause is applied; so the effects are proportionally most remarkable, where the surface is most excited,—or most excitable. The balance is then ticklish, and a new train of action originates from a slighter cause.

[To be continued.]

Report of Diseases in the public and private Practice of one of the Physicians of the Finsbury Dispensary, from the 20th of April, to the 20th of May.

Rheumatismus	14	Menorrhagia	7
Phthisis	5	Fluor albus	8
Catarrhus	11	Asthenia	24
Pneumonia	2	Hydrops	9
Diarrhœa	6	Pneumatosis	3
Dysenteria	1	Morbi Cutanei	14
Febres	2	Morbi Infantiles	27
Amenorrhœa	16		Several

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Several cases have occurred lately of imaginary phthisis. Nothing is so common as to mistake simple debility, and its natural consequences, for a diseased affection of the pulmonary organs. On which account, in cases of debility, remedies are continually applied, which, instead of alleviating, are calculated merely to aggravate its degree, and to perpetuate its continuance.

The patient more frequently dies of a consumption of medicine than of a consumption of the lungs.

Two instances of fever have this last month been under the care of the Reporter, which, although alarming from its violence and duration, as well as from the constitution and previous habits of the subjects of it, have experienced relief, and have been brought into a convalescent state, by appropriate and energetic applications.

Except in cases of a natural or artificial old age, or, in other words, when the constitution has been exhausted either by intemperance or by time, no person *ought* to die of fever.

To this opinion, which the writer ventured publicly to advance, in one of his Reports, nearly six years ago, every day of his subsequent experience has afforded additional confirmation.

Where there is no mutilation of structure, the spark of life may, by careful and skilful management, be preserved, as long as there is left any fuel to support it.

An incalculable number of lives are diurnally sacrificed to an ignorance of this doctrine, or to an insufficient capacity of applying it to professional practice.

The well-being of the human race has not suffered so much even from political or religious, as from medical ignorance and superstition. The vulgar, and what are considered established axioms or dogmas, with regard to physic, inevitably lead either to a miserable scepticism, or to an essential and destructive depravity of judgement.

"I was (says the celebrated Dr. Brown) for the space of fifteen years engaged in endeavouring to comprehend and apply, in learning and in teaching, the doctrines of the schools. After consuming more than half this time without satisfaction, or consciousness of either instructing myself or others, I began to deplore the science of medicine as incomprehensible and uncertain; till, at length, truth flashed upon my mind, and occasioned the same delightful feelings which the dawn of day produces on a wandering

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wandering and benighted traveller—*quasi prima diurna lux demum adfulsit**."

J. REID.

Grenville Street, Brunswick Square, May 26, 1805.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE following Extract of a Letter from Mr. Shoolbred to Dr. Jenner, dated Calcutta, June 21, 1804, cannot fail to be interesting to your readers.

"Notwithstanding the encouragement afforded by Government, and the zeal of individuals, we shall still have many obstacles to encounter, and great opposition to overcome, before the practice of Vaccination can be rendered general in Bengal. But in the other parts of Hindostan, where inoculation for the small-pox was not previously used, and where, consequently, there exists no class interested in prejudicing the natives against it, we may reasonably expect it to spread more rapidly.

"If my report had been two days longer in coming from the press, I should have had the satisfaction of announcing a circumstance that cannot fail to have great weight in its favor, over an extensive region in India; which is, that our late enemy, now our ally, Dowlut Row Scindia, the Chief of the Mahratta Empire, has had one of his children, some say his only child, vaccinated at Ongien; an example which, we may naturally hope, will be soon generally followed throughout his large and populous dominions.

"This sensible act of the head of the Mahrattas, who are all Hindoos of high cast, shews in a very strong point of view, that it is on no essential point of religion the Hindoos of Bengal object to the new practice; but merely from prejudice instilled into their minds by the interested

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* To the author of this article, few circumstances of his life have afforded a higher degree of satisfaction, than the share he has had in the education of a number of intelligent students and incipient practitioners of medicine, who, he flatters himself, have left him with minds impregnated with a knowledge, and penetrated with a conviction of the truth and importance of the Brunonian system, which, although not without its alloy of error, is the only one that, in its fundamental principles, rest upon the firm and indestructible basis of a genuine phoilsophy.

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ed inoculating Bramins, founded on some indistinct notion of the disease coming from the cow; they know not in what manner, but, as they profess, in a way which renders it impure to them, and consequently unfit for their adoption. I am not without hopes, however, that we shall in time win over to our side a few of the principal men amongst these inoculators; and thus prevail upon some of the higher class of Hindoos, in Calcutta, to have their children vaccinated; after which we shall have less difficulty in extending its benefits to the middling and lower classes of the natives."

In addition to the cases of small-pox, occurring in those who are supposed to have had the disease, I beg leave to add the following.

The first was communicated to me by Mr. Swain, Surgeon, of Mitcham. Miss Worsfold, of Epsom Court, was inoculated by the late Mr. Prowton, of Tower Street; who assured her that she was safe from future infection. Three years after, she caught the disease of her sister, and died of it.

Mrs. Thompson, No. 10, Burleigh Street, Strand, had a disorder, supposed to be the small-pox, at South Moulton, in Devonshire; and was attended by a gentleman of considerable reputation, who entertained no doubt of the nature of the disease. She was afterwards repeatedly exposed to the infection by her mother, and frequently lay on the bed, and sat on the lap of those who had the small-pox; but still resisted infection. After coming to London, she caught the small-pox; and had it in the confluent way, of which the most evident marks remain.

By a letter from Mr. Bell, Surgeon, of Wigton in Cumberland, I received the following information. A child of Mr. Graves was inoculated for the small-pox when a year old. His arm inflamed, but no pustules appeared on the body. Mr. Bell inoculated him a second time, together with a younger child, his sister. His arm inflamed for a few days; while in his sister's arm a pustule rose, and appeared to run through its usual course. These two children have since had the small-pox; one of them in a severe manner, attended with delirium. Another child, who had been vaccinated, associated with them, and slept with them during the whole course of the disorder.

A few days ago, the Earl of Westmeath called on Dr. Jenner, and informed him, that one of his children, who had been inoculated for the small-pox in Ireland two years ago,

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ago, by an eminent inoculator, who had declared him safe, was then labouring under the confluent small-pox. His lordship told Dr. Jenner, that he thought it his duty to acquaint him with the circumstance; and Dr. Jenner obtained permission for me to see the case.

I saw the child with Dr. Jenner and the Reverend Mr. Jenner. We found him a miserable spectacle, covered with the small-pox from head to foot; and the fetor emitted by the pustules was almost intolerable.

I have also lately seen two cases, one at Clapham, the other in Edgware Road, in which persons supposed to have undergone vaccination, had the small-pox. These cases I went to see by desire of Mr. Forbes and Mr. Griffiths, by whom the patients were vaccinated. Whether the operations were perfectly successful, or whether imperfect, it is impossible for me to say; but the small-pox appearing in a very mild form, I am rather inclined to suspect the latter. Otherwise it must be allowed, that they are exceptions to the general rule; and that the cow-pock is not always a preventive of the small-pox.

I have also seen three other cases, one in Potier's Place, Bermondsey Road; another in Stangate Street, Lambeth; and another in Clement's Passage, Clare Market; in which the small-pox occurred after supposed vaccination. If the accounts of the parents are to be depended on, no genuine cow-pock was produced in these cases; but either spurious pocks, or mere suppurations, followed by yellow or light brown scabs, not leaving proper characteristic indentations.

In the Medical and Chirurgical Review for May is a case of supposed small-pox after vaccination; in which it is stated, that the progress of inoculation was regular; and that the cicatrices were as strongly marked as usual. This, however, is what I must deny. The mother assured me, in the presence of Mr. Burnet, and again since that time, that the scabs which remained after the pocks were not of a dark colour, but of a light brown; and Dr. Croft, when he called to inform me of the case, told me that the scars were rather superficial; which, on examination, I found to be true.

The other child in the same family had deeper scars, and proved far less susceptible of the small-pox. She was vaccinated at the Small-pox Hospital two years after her brother, when a little more caution was observed in taking matter. As she slept with her brother, when covered with the disease, it may easily be supposed that many,

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many, if not all of her pustules, were *local*, from the application of variolous matter; and that the constitutional symptoms were the result.

Whether the case of Mary Hart, which occurred in 1803, and was not equally investigated, was the small-pox or not, it is impossible now to determine. If it was, and if five hundred more of those who were inoculated at the Small-pox Hospital, with matter taken at a late period, and sometimes from under a dry scab, have since had the small-pox, it cannot excite the least surprise, nor ought it to produce any other effect, but to inculcate more caution for the future.

The next is a case of a child, at No. 13, Stacey Street, Soho, vaccinated by me, lately put to the test of variolous inoculation by Mr. Powel, of Manchester Street. That the process of vaccination was complete no one can doubt, since matter was taken from this subject by Dr. Jenner, to inoculate the child of a nobleman; but Mr. Powell was mistaken in the result of his experiment, from supposing that when a patient is put to the variolous test, no constitutional indisposition should take place.

The contrary, however, is well known; as proofs of which, I need only mention the cases which occurred in the practice of Mr. Goldson and Dr. Rollo. The same thing occasionally takes places in those who are put to the same test after the small-pox.

In the present instance, there were two local pustules in the arms, but no eruption appeared in their neighbourhood; contrary to what usually happens in those who have not previously had either the small-pox or the cow-pock. The pustules on the arm were attended with a considerable itching, and the child scratched them at a very early period; which, his mother informs me, occasioned Mr. Powell to say, that it would prevent them from rising. This is a symptom commonly attendant on those cases, where patients are put to the test.

Mr. Powell himself informs me, that on the eighth day the head of one of the pustules was off, in consequence of scratching, and the inflammation increased. This is precisely what commonly has happened in such cases, particularly at Portsmouth, Woolwich, and Harrow. Hence it is easy to account for pustules in other parts, in consequence of a second inoculation with the nails.

Mr. Powell inoculated a child from one of the pustules on the arm, and produced small-pox. The same might have been done from his own arm, had he made himself the

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the subject of the test. On the eleventh day two eruptions appeared; one on his leg, the other on his groin. This is no wonder, since, independent of the cause already assigned, there were two others, either of which might have produced twenty such eruptions as occurred in this case. First, the child had constantly slept with the other during variolous inoculation; and, secondly, his mother handled them both by turns.

The only secondary pustule which yielded matter, was that on the leg; which may well be supposed to have originated from the insertion of matter on Friday night, when the primary pustule was ruptured, since it appeared on the third day, and yielded matter on the fourth. It is necessary to remind those who are not very conversant in this subject; that in such as have previously had the small-pox or cow-pock, the pustule excited by inoculation is more early and rapid, than in such as have not had either disorder. Dr. Squirrell recommended that the child should be thrown into a good sweat, in order to produce a plentiful crop, but his advice was not followed.

One eruption appeared on the lip, and three under it; constituting about half the number that was discovered. These, with one or two on the forehead, appeared on the twelfth day, and turned on the fourteenth.

If we allowed that this child had the small-pox after the cow-pock, we must also allow that his mother had the small-pox a second time; for she had two variolous pustules, one on her breast, and the other on her chin, from nursing the child who was under inoculation of the small-pox. The pustule on her chin was larger than any one of those on her son; although her skin may be supposed to be less irritable than that of so young a subject.

Mr. Powell observes, that on the seventh day from the eruption of those on the leg and groin, and the fifth of those in the face, the pustules had totally disappeared; leaving only very *small, dark, horny scabs.* It is worthy of notice, that the pustule on the leg appeared before those on the face, contrary to what generally happens, when the pustules are the effect of fever. We have therefore great reason to believe, that the only real variolous pustule was the effect of inoculation or contact.

This case was seen by Mr. Serjeant, of Prince's Street, Cavendish Square; Mr. Leese, of East Street; and Mr. Fernandez, of Lamb's Conduit Street; who can testify the truth of the principal facts here detailed.

I am, &c.

New Street, Hanover Square. JOHN RING.

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MEDICAL AND PHYSICAL
INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

Dr. LIND, in a Letter to Dr. BATTY, dated Windsor, 9th April, 1805, writes as follows:

"Dear Sir,

"The enclosed was sent from Bombay, by my brother-in-law, lieutenant colonel Mealy, as a curious and authentic piece of intelligence respecting the cow-pox. If it proves of any use to you, I shall esteem myself happy in having had it in my power to communicate it to you.—If you should meet Mr. Mac Gregor, Surgeon to the Royal Regiment of Horse Guards, who is at present in London, and sometimes visits Sir Joseph Banks, he knows Mirza Mehedy Ali Khan, and can give you information respecting the cow-pox at Bombay."

Translation of a written Memorandum from the NAWAUB MIRZA MEHEDY ALI KHAN, *now at Bombay.*

During the period of my abode in the district of BENARES, my eldest son being taken ill of a bad kind of the small-pox; and my friends interesting themselves for my comfort and his relief, one of them, named Slookum Chund, a Hindoo, pointed out to me that there was in the city of Benares, one Alep Choby, a Brahmin from Owd, whose practice was chiefly confined to this malady. Him I therefore lost no time in sending for to the town of Ghazeepoor, where I dwelt, and he arrived on the ninth day of the eruption. On seeing which he observed, that if the eruption had not taken place he would have endeavoured to facilitate and render it easy; but that now it was too late. On asking Choby what his process was? he said, "From the matter of the pustule on the Cow, I keep a thread drenched, which enables me at pleasure to cause an easy eruption on any child; adoring at the same time BHOWANNY, (who is otherwise called DEBEE, MATA, and SEETLA, and who has the direction of this malady) as well in my own person as by causing the father of the child to perform the like ceremonies; after which I run the drenched string into a needle; and, drawing it through between the skin and flesh of the child's upper arm, leave it there; performing the same operation in both arms, which always ensures an easy eruption.—On the first appearance of which, the child's father, or guardian, renews his worship to BHOWANNY; and as the animal this Goddess rides on is an ass, it is customary for such parent, or guardian, to fill his lap with grain, which an ass is sent for to eat up; which observances ensure the propitious direction of BHOWANNY, so that only a very few pustules make their appearance; nor does any one die under this process!" Thus far did I learn from ALEP CHOBY.

Upon

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Upon referring on this subject to a native, well-versed in the learning and customs of the Hindoos, he told me that the practice thus described by Choby was not general among them; but confined to those who where attached to the worship of BHOWANNY, and adored her with implicit faith—and upon my asking this person, whether he was aware how the matter of the pustule was got from the cow, and whether all cows had such pustules, or only those of a certain description? He answered, that on these points he possessed no information; but had certainly understood that the cows had these pustules break out upon them, and that from the matter thereof children were infected; acknowledging, however, that he spoke not this much from ocular knowledge but from report.

A few months since a female child was born in New-York, America, whose ureters, instead of terminating in the bladder, according to the usual course of nature, discharged the urine externally a little above the pubes. In this monstrous conformation the mons veneris seemed to be wanting, and a reddish carnosity to occupy its place. Through this there were two orifices, corresponding to the two ureters. The urine constantly trickled from them, except when, after a time of rest, the child suddenly struggled or cried, and then it would spirt forth from both openings in a continual stream. The presumption, of course, is, that the bladder is wholly wanting. The genital parts partake somewhat of this odd configuration; and the umbilicus is considerably lower, and the anus further forward than common. In other respects the infant hitherto seems to be well formed, and in good health.

Mr. MANNING, sculptor, No. 14, Warren-street, Fitzroy-square, London, formerly pupil to the late Mr. Bacon, has modelled from the life a bust of Dr. Jenner, which is now in the Exhibition of the Royal Academy, Somerset House. This model, which has been honoured with the approbation of the best judges, and is allowed to be an admirable likeness of Dr. Jenner, he intends to publish. The terms are three guineas; one half to be paid at the time of subscribing, the other half on the delivery of the bust. The casts will be delivered in rotation, as they are subscribed for.

Dr. ADAMS, author of Morbid Poisons, is unanimously appointed to succeed Dr. Woodville as physician to the Small-Pox and Inoculation Hospitals. We rejoice that a person so well qualified for the situation, and one who has always been so zealous a promoter of vaccination, is placed in a station where he can render so much service to the cause.

M. BIOT has succeeded in forming water from hydrogen and oxygen, by compression only, independently of the electric spark. The compression, by bringing the particles of gas into intimate union, makes them throw out a quantity of heat sufficient to set them on fire. Great caution is necessary in making the experiment.

In

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In a few weeks will be published a work, entitled, "Observations on the Simple Dysentery and its Combinations," containing a review of the most celebrated authors who have written on that subject, and also an investigation into the source of contagion in that and some other diseases. Previous to its publication a prospectus may be had gratis of all the medical booksellers. This interesting subject has, we understand, long engaged the attention of Dr. HARTY.

An Enquiry into the Nature of the Disease which so lately prevailed at Gibraltar; with Remarks on Epidemic Fevers in general, and on the recent proceedings of the Society for bettering the condition of the Poor relative to the prevention of Contagious Malignant Fevers in the Metropolis, is preparing for the press, by SEGUIN HENRY JACKSON, M. D. &c. &c.

Mr. PARKINSON, of Hoxton, has a work in the press, on the Gout, in which he purposes to consider of the modes recommended for the cure of this disease, and to offer some remarks on its nature and origin.

Dr. REID, of Grenville Street, Brunswick Square, will recommence his Lectures on the Theory and Practice of Medicine, on Tuesday the 25th of June.

ADDENDUM ET CORRIGENDUM.

The following postscript to Dr. WALKER's letter, p. 541, came too late for insertion in its proper place.

"P. S. To the above extracts, which I have taken the liberty of sending you for public good, without waiting the permission of Dr. Jenner, and for which I trust he will pardon me, I can now add, from a later letter, another fact on the very curious and interesting case."—'The child having herpes was put to bed to her brother, labouring under the small-pox; but still it remained proof against the infection, both of the small-pox and cow-pock, until the herpes disappeared, which had continued from the first till the ninth year of her age.

"P. 540, l. 20, for time *and*, read time *of* appearance,"

To CORRESPONDENTS.

Mr. Cabani's Work, entitled, "Coup d'OEil sur les Revolutions & sur la Reforme de la Medicine," will be reviewed in our next Number.

Communications are received from Mr. Cribb, Mr. Pulley, Mr. Simmons, Mr. Bishop, Dr. Kinglake, and Medicus.

END OF VOL. XIII.

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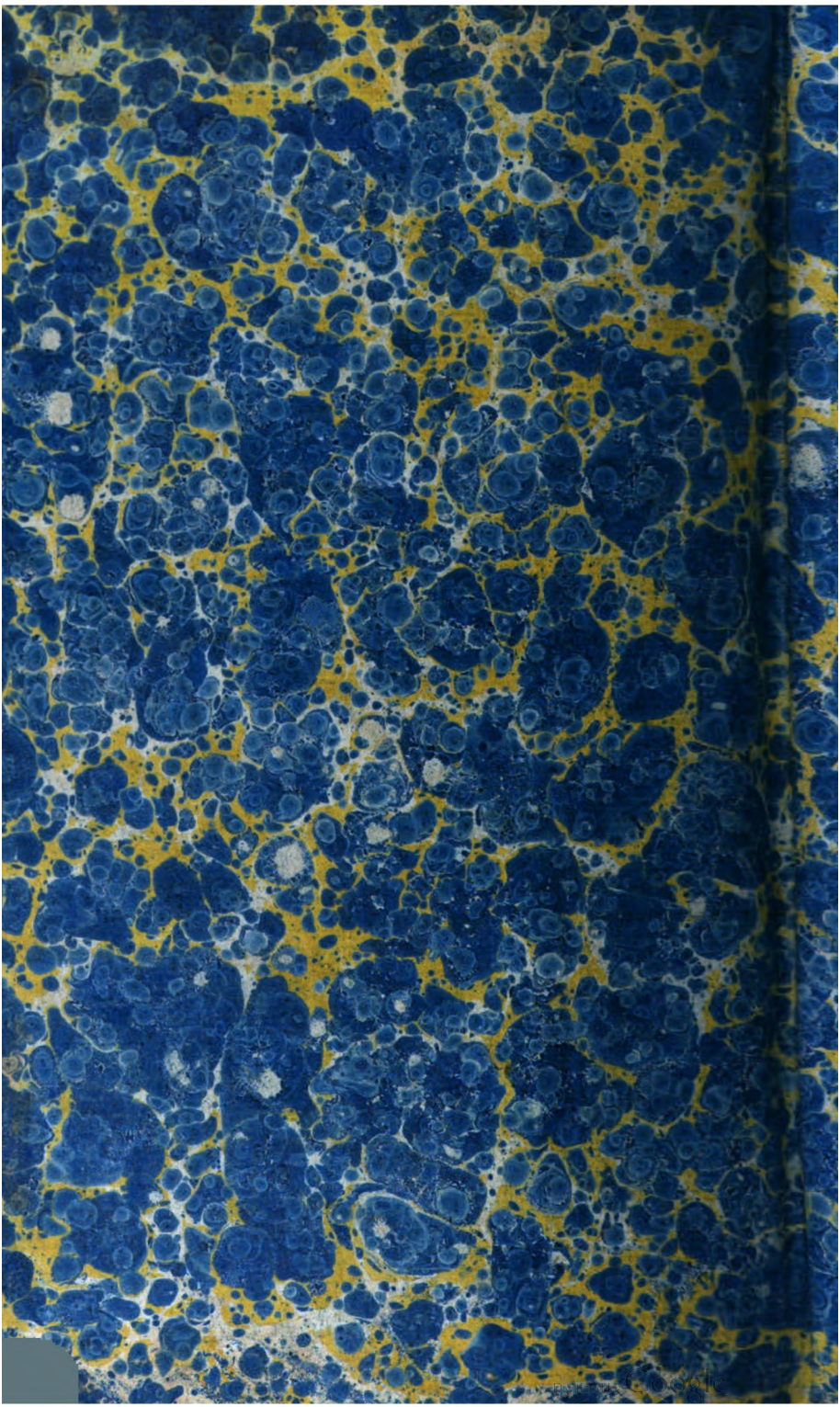

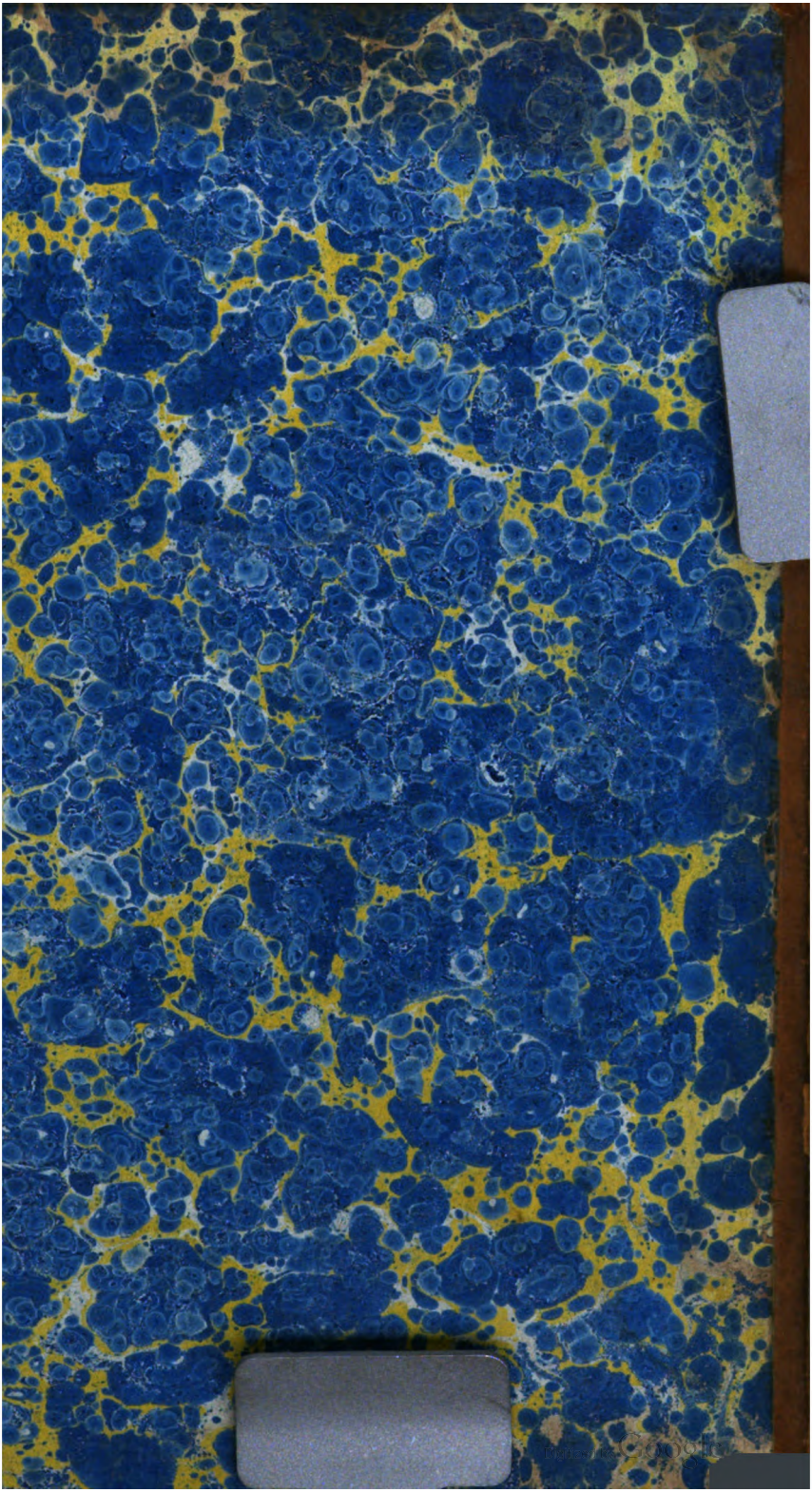

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